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STATE OF SOUTH CAROLINA
OFFICE OF THE GOVERNOR
DIVISION OF ECONOMIC OPPORTUNITY

OPERATION ANTI-FREEZE II
"WEATHERIZATION PROGRAM"

November 12, 1975

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STATE OF SOUTH CAROLINA
OFFICE OF THE GOVERNOR
DIVISION OF ECONOMIC OPPORTUNITY

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STATE OF SOUTH CAROLINA
OFFICE OF THE GOVERNOR
DIVISION OF ECONOMIC OPPORTUNITY

OPERATION ANTI-FREEZE #II
WEATHERIZATION PROGRAM

J. LEE SPRATT
DIRECTOR

PROJECT OFFICER:

A handwritten signature in cursive script, reading "Paul L. Ross". The signature is written in dark ink and is positioned above a horizontal line.

PAUL L. ROSS
ASSISTANT DIRECTOR
PLANS AND COORDINATION
PHONE: 803/758-3191



State of South Carolina

JAMES B. EDWARDS
GOVERNOR
J. LEE SPRATT
STATE DIRECTOR

November 12, 1975

OFFICE OF THE GOVERNOR
DIVISION OF ECONOMIC OPPORTUNITY
1321 Lady St.
Columbia, SC 29201

Mr. William "Sonny" Walker
Region IV Director
Community Services Administration
730 Peachtree Street, N.E.
Atlanta, Georgia 30308

Dear Mr. Walker:

The attached work program for Operation Anti-Freeze # II, "Emergency Energy Program," grant is for the South Carolina Division of Economic Opportunity for further distribution to the Community Action Agencies in the state.

The South Carolina CAP Directors Association agreed by general consent on October 11, 1975, that the allocation of funds be based on a formula of a \$1,000 base for each capped county and \$.091 for each poor person in each county. Each CAA will be responsible for their share of the inkind match, additionally, the Greenville CAA, Orangeburg CAA, and Aiken CAA are responsible to insure that the inkind share for the uncapped counties is obtained.

As you will note, some of the CAAs failed to include an itemized cost breakout indicating completely how they intend to use the amount of funds allocated to them. Where there is no complete breakout of cost, the SEOO will cause those CAAs to prepare one for inclusion in their work program. The program, however, is set up for at least ninety percent of the funds provided under this grant to be expended for weatherization materials. The remaining ten percent will be used for emergency assistance to prevent hardship or endangerment to health due to utility shut-off or lack of fuel. The labor and administrative cost will be provided by a \$282,000 Department of Commerce grant and through local CAA resources.

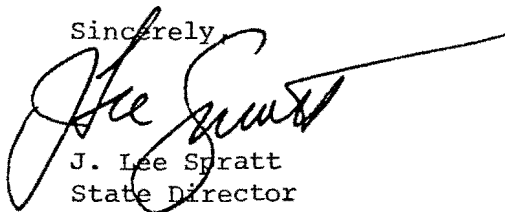
We are geared up and Governor Edwards has personally expressed a strong desire and mandate to start Operation Anti-Freeze # II on December 1, 1975. According to the briefing on Department of Commerce Title X funds on November 7, 1975, however, there may be a delay of from 30 to 90 days before these funds are available to the CAAs for the hiring of carpenters and carpenter helpers for the program. If this happens, it may be as late as March 1976 before the program can get off the ground. As Regional Director, you can play an important part in jarring loose the red tape in Washington and Atlanta so the Department of Commerce's Title X funds can be available before December 31, 1975. The success of our program depends on the early release of these funds. I might add that Governor Edwards was highly impressed with last year's program and has expressed a tremendous amount of interest in this year's project, as previously stated. As a matter of interest, the Governor has agreed to kick off this year's program by driving the first nail in the first home to be weatherized in the state, so any help on your part will be appreciated.

Mr. William "Sonny" Walker
Page two
November 12, 1975

The attached work program is a consolidation of work programs from each of the seventeen CAAs who will operate programs in the counties under their operational control.

If you have any questions concerning this work program, please get in touch with me as soon as possible.

Sincerely,

A handwritten signature in dark ink, appearing to read "J. Lee Spratt", with a long, sweeping horizontal line extending to the right.

J. Lee Spratt
State Director

JLS/Rds

Attachment: Work Program

cc: Phil Davis
Robert Clark
Larkin Bell

OPERATION ANTI-FREEZE # II

WEATHERIZATION PROGRAM

Narrative Proposal

DESCRIPTION OF PROBLEM ADDRESSED

The rapidly developing national energy crisis requires a rapid mobilization of all manner of national resources to meet the crisis. Consumer conservation of energy -- shrinking of consumption until production can be expanded -- is one of the major means by which a full-scale crisis can yet be averted. To achieve consumer conservation of the necessary scope and depth may entail transformation of the American way of life from one of abundance and waste to one of scarcity and frugality. To accomplish this, on a crash basis, a concerted effort must be mounted. The sneak attack of energy shortages has caught us unprepared, and placed the very life of our poor and elderly citizens in South Carolina in jeopardy.

In short, the 595,000 poor and elderly of South Carolina have long since been living at subsistence levels in terms of energy consumption. The poor and elderly are certainly no less patriotic than anyone else, and will want to cut down wherever they can. But perhaps their major contribution can be in the realm of demonstration of frugality and survival techniques, they are old hands at this with the stakes commonly a matter of life or death.

Poor people spend a much greater portion of their income on energy than any other group. Fifteen percent of the poor people's income is spent on energy, compared with seven percent for the middle income group and four percent for the well off. The poor pay a higher price per unit for electricity and natural gas than the non-poor. Rates for these fuels are higher at lower consumption rates. The older a person is, the more likely that he or she will be poor. Over half of the people 65 years of age and over have incomes below the poverty level.

PAST EFFORTS IN THIS PROJECT

Operation Anti-Freeze, as the project is labeled, began in the winter of 1974, with the realization by the SEOO and the South Carolina Commission on Aging (COA) of the problems the energy crunch is causing for the poor of our state. Nearly \$164,000 in cash and in-kind was used for winterization of 1,434 homes for the elderly, needy, and other disadvantaged poor persons. These funds were raised through the joint efforts of the SEOO and the COA and the Community Action Agencies. A federal allocation of \$93,000 for winterization of homes for the elderly had been granted to the COA while the SEOO was able to obtain a \$20,000 grant from CSA in Atlanta. CAA Directors agreed to provide non-federal matching funds and cash contributions which added up to a state-wide total of \$51,000 in cash and in-kind.

By nature, training, and experience, the CAAs are uniquely qualified to make a major contribution to the successful continuation of Operation Anti-Freeze # II during 1975-76 program year.

LOCAL COMMUNITY PRIORITIES

The program will reduce the already suffering of the poor and elderly in terms of meeting the increased cost of energy in recent years. It is important to recognize, as the CAAs do, what the poor can and cannot do to help meet the crisis. For when a family is already consuming at a bare subsistence level, if being asked to consume still less, it is being asked to commit suicide. There is no question but that the bulk of the human suffering which shortages are going to entail will be concentrated in scope and intensity, in the poor income community. To keep human suffering and death at a minimum is the prime community priority in the CAAs.

NON-CSA RESOURCES

The Department of Commerce through a special grant of \$282,000 will provide the labor for the Operation Anti-Freeze # II.

PROJECTED RESULTS

Each CAA has established tentative goals and a unit cost in the weatherization of each home. These goals and unit cost are outlined on each individual CAA work program at TAB B through TAB R.

EVALUATION DESIGN

See TAB S.

RECOMMENDED

TOTAL CAA ALLOCATION

\$94,182 ENERGY PROGRAM
WITH
\$23,564 MATCH

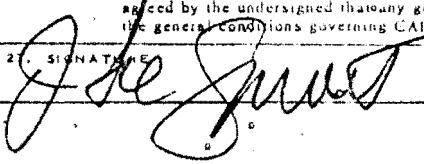
10/10/75

COMMUNITY ACTION AGENCY	(2) NUMBER OF POOR PERSONS PER COUNTY	(3) AMOUNT PER POOR PERSON BY COUNTY	(4) \$1,000 PER COUNTY UNDER CAP AGENCY	(5) TOTAL ALLOCATION	(6) REQUIRED MATCH	(7) TOTAL PROGRAM FUNDING
<u>Aiken</u>	21,426	\$1,950	\$1,000	\$2,950	\$ 848	\$ 3,798
Aiken	16,482	1,500	1,000	2,500	653	3,153
Barnwell	4,944	450	-----	450	195	645
<u>Beaufort-Jasper</u>	16,519	1,503	2,000	3,503	654	4,157
Beaufort	11,993	1,091	1,000	2,091	475	2,566
Jasper	4,526	412	1,000	1,412	179	1,591
<u>Berkeley-Dorchester</u>	24,783	2,255	2,000	4,255	981	5,236
Berkeley	16,942	1,542	1,000	2,542	671	3,884
Dorchester	7,841	713	1,000	1,713	310	2,023
<u>Carolina</u>	33,966	3,091	4,000	7,091	1,345	8,436
Chester	7,883	717	1,000	1,717	312	2,029
Lancaster	7,465	679	1,000	1,679	296	1,975
Union	5,183	472	1,000	1,472	205	1,677
York	13,435	1,223	1,000	2,223	532	2,755
<u>Charleston</u>	55,078	5,012	1,000	6,012	2,181	8,193
<u>Chesterfield-Marlboro</u>	18,584	1,691	2,000	3,691	736	4,427
Chesterfield	9,419	857	1,000	1,857	373	2,230
Marlboro	9,165	834	1,000	1,834	363	2,197
<u>Darlington</u>	15,784	1,436	1,000	2,436	625	3,061

COMMUNITY ACTION AGENCY	NUMBER OF POOR PERSONS PER COUNTY	(2)	\$1,000 PER COUNTY UNDER CAP AGENCY	(3)	(4)	(5)
		AMOUNT PER POOR PERSON BY COUNTY		TOTAL ALLOCATION	REQUIRED MATCH	TOTAL PROGRAM FUNDING
<u>Dillon-Marion</u>	23,215	\$ 2,113	\$ 2,000	\$ 4,113	\$ 919	\$ 5,032
Dillon	11,783	1,073	1,000	2,073	466	2,539
Marion	11,432	1,040	1,000	2,040	453	2,493
<u>Florence</u>	24,180	2,200	1,000	3,200	958	4,158
<u>Greenville</u>	66,811	6,080	1,000	7,080	2,646	9,726
Greenville	34,918	3,178	1,000	4,178	1,383	5,561
Anderson	16,775	1,527	-----	1,527	664	2,191
Oconee	7,019	638	-----	638	278	916
Pickens	8,099	737	-----	737	321	1,058
<u>GLEAMS</u>	31,012	2,822	6,000	8,822	1,228	10,050
Greenwood	7,038	640	1,000	1,640	279	1,899
Laurens	7,515	684	1,000	1,684	297	1,981
Edgefield	5,559	506	1,000	1,506	220	1,726
Abbeville	4,244	386	1,000	1,386	168	1,554
McCormick	3,079	280	1,000	1,280	122	1,402
Saluda	3,577	326	1,000	1,326	142	1,468
<u>Horry-Georgetown</u>	49,989	4,549	3,000	7,549	1,980	9,529
Horry	21,373	1,945	1,000	2,945	846	3,791
Georgetown	12,131	1,104	1,000	2,104	481	2,585
Williamsburg	16,485	1,500	1,000	2,500	653	3,153
<u>Lowcountry</u>	16,135	1,468	2,000	3,468	639	4,107
Colleton	10,296	937	1,000	1,937	408	2,345
Hampton	5,839	531	1,000	1,531	231	1,762
<u>Midlands</u>	66,255	6,029	4,000	10,029	2,624	12,653
Fairfield	7,480	681	1,000	1,681	296	1,977
Lexington	13,220	1,203	1,000	2,203	524	2,727
Newberry	5,948	541	1,000	1,541	236	1,777
Richland	39,607	3,604	1,000	4,604	1,568	6,174

COMMUNITY ACTION AGENCY	NUMBER OF POOR PERSONS PER COUNTY	(2)	\$1,000 PER COUNTY UNDER CAP AGENCY	(3)	(4)	(5)
		AMOUNT PER POOR PERSON BY COUNTY		TOTAL ALLOCATION	REQUIRED MATCH	TOTAL PROGRAM FUNDING
<u>Orangeburg</u>	40,193	\$ 3,658	\$ 2,000	\$ 5,658	\$ 1,592	\$ 7,250
Calhoun	4,598	418	1,000	1,418	182	1,600
Orangeburg	26,499	2,412	1,000	3,412	1,050	4,462
Allendale	3,698	337	-----	337	146	483
Bamberg	5,398	491	-----	491	214	705
<u>Piedmont</u>	37,298	\$ 3,394	2,000	5,394	1,477	6,871
Cherokee	6,659	606	1,000	1,606	264	1,870
Spartanburg	30,639	2,788	1,000	3,788	1,213	5,001
<u>Wateree</u>	53,809	4,897	4,000	8,897	2,131	11,028
Clarendon	12,672	1,153	1,000	2,153	502	2,655
Kershaw	8,110	738	1,000	1,738	321	2,059
Lee	8,488	772	1,000	1,772	336	2,058
Sumter	24,539	2,234	1,000	3,234	972	4,206
SUBTOTAL	595,037	\$54,148	\$40,000	\$94,148	\$ 23,564	\$117,712
SEOO (1)		0	0	34	0	34
TOTAL	595,037	\$54,182	\$40,000	\$94,182	\$ 23,564	\$117,746

- (1) For audit Costs
(2) \$.091 x 595,037
(3) \$.091 per poor person + \$1,000 per capped county
(4) \$.0396 per poor person
(5) \$.091 per poor person + \$1,000 per capped county + required match

OFFICE OF ECONOMIC OPPORTUNITY - APPLICATION FOR COMMUNITY ACTION PROGRAM SUMMARY OF WORK PROGRAMS AND BUDGET (Please type or print clearly. See instructions on rev. 6/80.) (OEO Instruction 6710-1)										(FOR OEO USE) DATE RECEIVED		Reserved for OMB approval
1. NAME OF APPLICANT AGENCY Office of the Governor Division of Economic Opportunity				2. NAME OF EXECUTIVE DIRECTOR J. Lee Spratt		3. PHONE (Include area code) 803/758-3191		4. PROGRAM YEAR FROM 12-1-75 TO 11-30-75		5. GRANTEE NO. 40632		
6. STREET ADDRESS 1321 Lady St. Rm. 311		7. CITY Columbia		8. STATE S.C.		9. ZIP CODE 29201		10. PLAN YEAR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
11. PROJECT TITLE AND STATEMENT OF ONE-YEAR GOALS OPERATION ANTI-FREEZE # II 1. This Energy Crisis Grant to the SC SEOO will be used in the CAAs listed under Column 13 through the Energy Crisis Program in the Community Action Agency in each area. 2. This grant is for use throughout the CAAs in the state, and is to be delegated by the SEOO with the advise and consent of the	12. PRIORITY	13. ACTIVITIES REQUIRED TO ACHIEVE GOAL OPERATION ANTI-FREEZE # II 1. The State Office of Economic Opportunity in coordination with the Community Action Agencies (CAAs) developed this proposal to weatherize homes for the elderly and disadvantaged people in the state. Emphasis will be placed on identification of other needs and problems brought on by spiraling cost of fuel oil, inability to pay cash or obtain credit to purchase fuel oil. 2. The seventeen CAAs in coordination with the local Council on Aging, churches, and community groups will assist in providing a list of homes in need of	14. TIME TABLE PROGRAM YEAR QTR. 1ST 2ND 3RD 4TH				15. TRAINING AND TECHNICAL ASSISTANCE REQUIRED	16. PA	17. OEO FUNDS \$ 94,182	18. NO. MOS. 12	19. OTHER RESOURCES AVAILABLE (Specify amount and source) \$23,564 match will be provided by the CAAs as shown at TAB A. \$64,835 Title X Funds to Piedmont CAA. \$15,000 Local cash to Piedmont CAA. \$89,980 Title X funds to Greenville CAA. \$15,000 Local cash to Waccamaw CAA. \$282,000 Title X funds to SEOO to hire	
20. AID TO MINORITY ENTERPRISES			21. TOTALS CARRIED FORWARD FROM PREVIOUS PAGES (If any)									
			22. GRAND TOTAL						\$ 94,182		\$623,458	
			23. LESS ESTIMATED UNEXPENDED FUNDS (Carryover)									
			24. NET ADDITIONAL FUNDS REQUESTED FROM OEO (Item 22 minus 23)						\$ 94,182			
CERTIFICATION												
THIS APPLICATION HAS BEEN (Check "a" or "b" as appropriate.) a. <input type="checkbox"/> Approved by the applicant's governing board. b. <input type="checkbox"/> Reviewed by the applicant's administering board and approved by its governing officials.												
25. NAME AND TITLE OF PRINCIPAL GOVERNING OFFICIAL OR PRINCIPAL OFFICER OF GOVERNING BOARD J. Lee Spratt, State Director						26. SIGNATURE 		27. DATE Nov. 12, 1975		28. DATE OF BOARD APPROVAL Oct. 15, 1975		
29. (CAP Directors Association) OEO FORM 419 (T-81) AUG 71 REPLACES CAP FORM 1, DATED AUG 68, WHICH MAY BE USED UNTIL JAN 72.												

SUMMARY OF WORK PROGRAMS AND BUDGET - Continuation Sheet

Reserved for
OMB Approval

NAME OF APPLICANT AGENCY Division of Economic Opportunity			PLAN YEAR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				DATE SUBMITTED Nov. 12, 1975		GRANTEE NO. 40632		
PROJECT TITLE AND STATEMENT OF ONE-YEAR GOALS	PRIOR- ITY	ACTIVITIES REQUIRED TO ACHIEVE GOAL	TIME TABLE PROGRAM YEAR QTR.				TRAINING AND TECHNICAL ASSISTANCE REQUIRED	PA	QEO FUNDS	NO. MOS.	OTHER RESOURCES AVAILABLE (Specify amount and source)
			1ST	2ND	3RD	4TH					
S.C. Association of Community Action Agencies. The delegation and assignment of funds will be by appropriate delegate agreement in the base amounts shown under Column 17. The actual cash to be disbursed to each CAA is shown at TAB A.		<p>repair. The CAAs will first prepare a weatherization plan on each home to be weatherized. The Community Action Agency will then proceed to weatherize homes by stopping the infiltration of air through the homes to include weather stripping, plastic sheeting, tarpaper, repair of siding and floors, storm windows and linoleum on a limited basis. After the infiltration of air has been reduced, the CAAs will proceed to more permanent type repairs. Also on a limited basis coal, wood, kerosene, and fuel oil will be stockpiled for issue for emergency cases. Revolving fund accounts will be established to make loans to the disadvantaged and the elderly who are unable to pay cash or obtain credit for fuel oil, coal, wood, or kerosene.</p> <p>3. Outreach workers will also be used to identify the needy. Priority of work and time tables on work completion will be established by the CAAs.</p>									<p>approximately 51 Project Directors and carpenters throughout the CAAs.</p> <p>\$124,000 additional funds from CSA directly to CAAs.</p> <p>\$3,772 CETA funds to Aiken CAA</p> <p>\$3,772 Aging funds to Aiken CAA</p> <p>\$1,535 in-kind donated service to Orangeburg CAA</p>
TOTAL THIS PAGE											

SUMMARY OF WORK PROGRAMS AND BUDGET - Continuation Sheet

Reserved for
OMB Approval

NAME OF APPLICANT AGENCY Division of Economic Opportunity			PLAN YEAR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				DATE SUBMITTED Nov. 12, 1975		GRANTEE NO. 40632		
PROJECT TITLE AND STATEMENT OF ONE-YEAR GOALS	PRIOR- ITY	ACTIVITIES REQUIRED TO ACHIEVE GOAL	TIME TABLE PROGRAM YEAR QTR.				TRAINING AND TECHNICAL ASSISTANCE REQUIRED	PA	OEO FUNDS	NO. MOS.	OTHER RESOURCES AVAILABLE (Specify amount and source)
			1ST	2ND	3RD	4TH					
		<p>4. The identification of the needy and the establishment of the priority of work in six counties not covered by a CAA will be done by the CAA adjacent to these counties. Those counties are: Oconee, Pickens, Anderson, Barnwell, and Allendale, and Bamberg.</p> <p>5. The programs in each CAA will augment, expand or broaden current Energy Crisis Programs. Provide job opportunities for carpenters, carpenter assistants trainees and volunteers in the home weatherization phase of the program.</p> <p>6. The grant to the S.C. SEOO will be delegated to the following CAAs who will follow CSA Instruction 6143-1, "Emergency Energy Conservation Program" dated July 23, 1975, their CSA Community Action Planning Guide to Weatherization and work program as approved in Annexes B through R and this summary of the work program. The CAAs will also comply with the delegate agreement between the SEOO and the CAA and other instructions as they</p>									
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SUMMARY OF WORK PROGRAMS AND BUDGET - Continuation Sheet

Reserved for
OMB Approval

NAME OF APPLICANT AGENCY

Division of Economic Opportunity

PLAN YEAR

☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

DATE SUBMITTED

Nov. 12, 1975

GRANTEE NO.

40632

PROJECT TITLE AND STATEMENT OF ONE-YEAR GOALS	PRIOR- ITY	ACTIVITIES REQUIRED TO ACHIEVE GOAL	TIME TABLE PROGRAM YEAR QTR.				TRAINING AND TECHNICAL ASSISTANCE REQUIRED	PA	OEO FUNDS	NO. MOS.	OTHER RESOURCES AVAILABLE (Specify amount and source)
			1ST	2ND	3RD	4TH					
		apply to the program. B. <u>Aiken County CAA</u> : Aiken and Barnwell Counties. C. <u>Beaufort-Jasper Counties CAA</u> D. <u>Berkeley-Dorchester Counties</u> <u>CAA</u> E. <u>Carolina CAA</u> : York, Chester, Lancaster, and Union Counties F. <u>Charleston County CAA</u> G. <u>Chesterfield-Marlboro Counties</u> <u>CAA</u> H. <u>Darlington County CAA</u> I. <u>Dillon-Marion Counties CAA</u> J. <u>Florence County CAA</u> K. <u>Greenville County CAA</u> : Green- ville, Anderson, Oconee, Pickens Counties. L. <u>GLEAMS County CAA</u> : Greenwood, Laurens, Edgefield, Abbeville, McCormick, and Saluda Counties. M. <u>Lowcountry CAA</u> : Hampton and Colleton Counties. N. <u>Midlands CAA</u> : Lexington, Newberry, Richland, and Fair- field Counties. O. <u>Orangeburg CAA</u> : Orangeburg, Calhoun, Bamberg, and Allendale Counties. P. <u>Piedmont CAA</u> : Spartanburg, and Cherokee Counties.									
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SUMMARY OF WORK PROGRAMS AND BUDGET - Continuation Sheet

Reserved for
OMB Approval

E OF APPLICANT AGENCY			PLAN YEAR				DATE SUBMITTED		GRANTEE NO.		
Division of Economic Opportunity			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				Nov. 12, 1975		40632		
PROJECT TITLE AND STATEMENT OF ONE-YEAR GOALS	PRIOR- ITY	ACTIVITIES REQUIRED TO ACHIEVE GOAL	TIME TABLE PROGRAM YEAR QTR.				TRAINING AND TECHNICAL ASSISTANCE REQUIRED	PA	OEO FUNDS	NO. MOS.	OTHER RESOURCES AVAILABLE (Specify amount and source)
			1ST	2ND	3RD	4TH					
		Q. Waccamaw CAA: Horry, George- town, and Williamsburg Counties. R. Wateree CAA: Sumter, Kershaw, Clarendon, and Lee Counties. 7. Of the \$94,182 CSA funds, each CAA will receive a base of \$1,000 per CSA County and the CAAs will provide an in-kind non- federal match as indicated at TAB A. 8. The CAAs through their own initiative are providing addi- tional funds for Operation Anti- Freeze # II. 9. Delegate Agency Agreements will be signed between the SEOO and the CAAs in the execution of this program. 10. Emergency shelter and in case of severe weather conditions, health services and care will be provided in an emergency in accordance with the State Disas- ter Preparedness plan through the local Civil Defense Directors throughout the state.									
TOTAL THIS PAGE											

PROJECT OBJECTIVE: "Operation Anti-Freeze # II" Energy Crisis Program made to the SEOO will be delegated to the 17 CAAs to weatherize homes for the poor, elderly in coordination with the local county Council on Aging and other poor and also will place emphasis on identification of other energy needs and problems brought on by the spiraling cost of energy.

Office of the Governor
Division of Economic Opportunity

AGENCY: 40632
PROJECT NUMBER: 40632
PROGRAM AREA: "Operation Anti-Freeze # II" Energy Crisis

1 YEAR PLAN

STATE BOARD APPROVES:
SIGNATURE OF CHAIRMAN:

PROJECT DESIGN OUTLINE

GAP A/5

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS						
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESULTS			
				OPER RSLT	BENE RSLT					
"Operation Anti-Freeze # II" Energy Crisis Program by delegate agreements with •Community Action Agencies as follows: B. Aiken Community Action Commission <										

PAGE 2 OF 5 PAGES

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS							
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESULTS				
				OPER RSLT	BENE RSLT						
G. Chesterfield-Marlboro Economic Opportunity Council, Inc.			See Tab G			To assist in weatherizing homes of 55 low-income families making them more comfortable and less hazardous to the health and welfare of recipients. To provide emergency assistance to 20 families for fuel and utility bills through grants and loans.	Weatherizing of	55 homes of the	elderly poor.		
H. Darlington County Community Action Agency			See Tab H			To weatherize homes for the elderly and poor in coordination with the local Council on Aging. To assist poor and elderly families with emergency fuel shortages.	Weatherizing of	maximum homes	for the elderly.		
I. Dillon-Marion Human Resources Development Commission			See Tab I			To weatherize the homes of 50 Senior Citizen families. To provide fuel on an emergency basis for 83 families as to how to conserve energy and tips on how to make the most of their fuel.	Weatherization of	maximum homes for	the elderly.		
J. Florence County Community Actions			See Tab J			To reduce the use of energy consumption through weatherization of homes for 53 elderly and poor residents. To provide emergency fuel for 100 poor residents.	Weatherization of	53 homes for the	elderly.		
K. Greenville County Council for Community Actions			See Tab K			To provide assistance in the area of energy to 1,500 low-income individuals through weatherization of homes and the provision of emergency assistance during crisis situations.	Weatherizing of	maximum homes	for the elderly.		
PAGE 3 OF 5 PAGES											

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS							
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESULTS				
				OPER RSLT	BENE RSLT						
L. Greenwood-Laurens-Edgefield-Abbeville-McCormick-Saluda Community Actions, Inc.			See Tab L			To weatherize 75 homes for the elderly and disadvantaged in the six-county area.	Weatherizing of				
M. Lowcountry Community Action Agency			See Tab M			To weatherize at least 34 homes of individuals whose income is within CSA Poverty Guidelines (especially senior citizens). To provide more comfortable and healthy living conditions while at the same time minimizing the cost of fuel and electricity.	Weatherizing				
							maximum number of				
							homes.				
N. Midlands Community Action Agency			See Tab N			To provide weahterizing services to 150 low-income homeowners in Richland, Lexington, Newberry, and Fairfield Counties living in housing that needs minor repairs such as weatherstripping, repair of holes in floors, leaking roof, minor repairs to heating system, etc. Provide emergency fuel and utilities.	Weatherizing of				
							150 low-income				
							homes.				
O. Orangeburg Area Committee for Economic Progress, Inc.			See Tab O			Weatherize homes owned or rented by individuals and families of low-income status. Provide emergency funds to families who are in need of assistance in restoring utility services.	Weatherizing of				
							maximum number				
							of homes.				
P. Piedmont Community Actions, Inc.			See Tab P			To weatherize 200 homes for low-income families, to insulate their homes to prevent health hazards and make their homes more livable during the winter months. To provide emergency assistance.	To aid 200 low-				
							income people by				
							weatherizing				
							their homes.				

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS							
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESULTS				
				OPER RSLT	BENE RSLT						
Q. Waccamaw Economic Opportunity Council			See Tab Q			To weatherize 75 poorest of the poor senior citizens homes in Horry, Georgetown, and Williamsburg Counties and to provide heating fuel assistance to the poor through contractual arrangement with fuel suppliers.	To weatherize 75				
R. Wateree Community Action Agency			See Tab R			To repair and increase the thermal efficiency of at least 50 homes occupied by poor or near poor persons. To provide emergency assistance funds for fuel and utility.	Weatherization of				
							maximum homes.				
								</			

OPERATION ANTI-FREEZE # II
B U D G E T
COST BREAKOUT
OF
CSA FUNDS PLUS CAA IN-KIND

AGENCY	MATERIAL COST	EMERGENCY ASSISTANCE COST	IN-KIND CAA STAFF SUPPORT	TOTAL COST
Wicken	3,423	375		3,798
Beaufort-Jasper	3,153	350	654	4,157
Berkeley-Dorchester	4,255	656	325	5,236
Carolina	7,592	844		8,436
Charleston	7,300	893		8,193
Chesterfield-Marlboro	3,984	443		4,427
Darlington	2,755	306		3,061
Ellon-Marion	3,700	413	919	5,032
Florence	3,330	320	500	4,150
Greenville	6,372	3,354		9,726
GLEAMS	9,270	1,030		10,300
Lowcountry	3,121	347	639	4,107
Midlands	9,029	1,000	2,624	12,653
Orangeburg	5,592	566	1,092	7,250
Piedmont	4,550	2,017	304	6,871
Waccamaw	6,794	755	1,980	9,529
Wateree	11,026	1,434	1,877	14,337
100 (AUDIT COST)				34
TOTALS	95,246	15,103	10,914	121,297

FOR AIKEN AND BARNWELL COUNTIES

OFFICE OF ECONOMIC OPPORTUNITY - APPLICATION FOR COMMUNITY ACTION PROGRAM
SUMMARY OF WORK PROGRAMS AND BUDGET (Please type or print clearly. See instructions on reverse.) (OEO Instruction 6710-1)

(FOR OEO USE) DATE RECEIVED

Reserved for
OMB approval

1. NAME OF APPLICANT AGENCY Aiken County Community Action Commission, Inc.				2. NAME OF EXECUTIVE DIRECTOR George A. Anderson		3. PHONE (Include area code) 803/648-6836		4. PROGRAM YEAR FROM 11/1/75 TO 8/31/76		5. GRANTEE NO.	
--	--	--	--	---	--	--	--	--	--	----------------	--

6. STREET ADDRESS 237 Park Ave. Box 2094		7. CITY Aiken		8. STATE SC		9. ZIP CODE 29801		10. PLAN YEAR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
--	--	------------------	--	----------------	--	----------------------	--	---	--	--	--

11. PROJECT TITLE AND STATEMENT OF ONE-YEAR GOALS	12. PRIOR- ITY	13. ACTIVITIES REQUIRED TO ACHIEVE GOAL	14. TIME TABLE PROGRAM YEAR QTR.				15. TRAINING AND TECHNICAL ASSISTANCE REQUIRED	16. PA	17. OEO FUNDS	18. NO. MOS.	19. OTHER RESOURCES AVAILABLE (Specify amount and source)
			1ST	2ND	3RD	4TH					
OPERATION ANTI-FREEZE #11, "WINTERIZATION ENERGY PROGRAM"		1. Identify homes needing winterizing. 2. Hire carpenter/super- visor and two helpers. 3. a. Repair windows, roofs, walls, caulk cracks and joints. b. Insulate attic floors, walls. Weatherstrip doors.							\$2,950	10	S.C. \$848 Commerce Dept. \$7,052 CETA \$3,772 Council on Aging \$3,772

20. AID TO MINORITY ENTERPRISES	21. TOTALS CARRIED FORWARD FROM PREVIOUS PAGES (If any)		
	22. GRAND TOTAL	\$2,950	\$15,444
	23. LESS ESTIMATED UNEXPENDED FUNDS (Carryover)		
	24. NET ADDITIONAL FUNDS REQUESTED FROM OEO (Item 22 minus 23)		

CERTIFICATION

25. THIS APPLICATION HAS BEEN (Check "a" or "b" as appropriate.) A. <input type="checkbox"/> Approved by the applicant's governing board. B. <input type="checkbox"/> Reviewed by the applicant's administering board and approved by its governing officials.		A copy of this application has been forwarded to the State Governor's office. It is understood and agreed by the undersigned that any grant received as a result of this application will be subject to the general conditions governing CAP grants.	
--	--	--	--

26. NAME AND TITLE OF PRINCIPAL GOVERNING OFFICIAL OR PRINCIPAL OFFICER OF GOVERNING BOARD Diana Oberlin		27. SIGNATURE		28. DATE		29. DATE OF BOARD APPROVAL	
---	--	---------------	--	----------	--	----------------------------	--

FOR AIKEN AND BARNWELL COUNTIES

Aiken County Community Action Commission, Inc.

Page 2 of 2

SUMMARY OF WORK PROGRAMS AND BUDGET - Continuation Sheet

Reserved for
OMB Approval

NAME OF APPLICANT AGENCY			PLAN YEAR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				DATE SUBMITTED		GRANTEE NO.		
PROJECT TITLE AND STATEMENT OF ONE-YEAR GOALS	PRIOR- ITY	ACTIVITIES REQUIRED TO ACHIEVE GOAL	TIME TABLE PROGRAM YEAR QTR.				TRAINING AND TECHNICAL ASSISTANCE REQUIRED	PA	OEO FUNDS	NO. MOS.	OTHER RESOURCES AVAILABLE (Specify amount and source)
			1ST	2ND	3RD	4TH					
To provide emergency assistance.		windows, bank foundations.									
		c. Repair, adjust, dangerous heating sources. Replace filters, heating source.				→					
	4.	a. Restore utility service.				→					
		b. Prevent cutoff				→					
		c. Provide for emergency fuel delivery.				→					
		d. Distribute blankets, clothing.				→					
	5.	Counsel low-income and elderly persons on saving energy.				→					
	6.	Evaluate program				→					

TOTAL THIS PAGE \$2,950 \$15,444

FOR AIKEN AND BARNWELL COUNTIES

CY: Aiken County Community Action Commission, Inc.
 T NUMBER: 1 YEAR PLAN

PLAN AREA: Housing

BOARD APPROVES:

SIGNATURE OF CHAIRMAN:

PROJECT DESIGN OUTLINE

GAP A/5

PROJECT OBJECTIVES:

To winterize 20 homes in Aiken and Barnwell Counties by improving the thermal efficiency of dwellings.

To provide emergency assistance.

To provide emergency assistance.											
MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS							
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESULTS				
				OPER RSLT	BENE RSLT		1	2	3	4	
OPERATION ANTI-FREEZE #11 "WINTERIZATION ENERGY PROGRAM"	11/1/75	8/31/75	CSD Director								
1. Identify homes needing winteriz- ing.	11/1/75	8/31/76		X				X	X	X	X
2. Hire staff.			Executive Director	X				X	X	X	X
3. Repair windows, roofs, walls, caulk cracks and joints. Insu- late attic, floors, walls, Weatherstrip doors, windows, bank foundations. Repair, adjust dangerous heating sources. Replace filters, heating source.	12/1/75	8/31/76	CSD Director		X			X	X	X	X
4. Restore utility service or pre- vent cutoff. Provide for emer- gency fuel delivery. Distribute blankets, clothing.	11/1/75	8/31/76	CSD Director			X		X	X	X	X
5. Council low-income and elderly on saving energy	11/1/75	8/31/76	CSD Director					X	X	X	X

FOR AIKEN AND BARNWELL COUNTIES

AGENCY: Aiken County Community Action Commission, Inc.
PROJECT NUMBER: 1 YEAR PLAN
PROGRAM AREA: Housing
BOARD APPROVES: PROJECT DESIGN OUTLINE
SIGNATURE OF CHAIRMAN: GAP A/5

PROJECT OBJECTIVES:
To winterize 20 homes, in Aiken and Barnwell Counties by improving the thermal efficiency of dwellings.
To provide emergency assistance.

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS								
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESULTS					
				OPER RSLT	BENE RSLT		1	2	3	4		
OPERATION ANTI-FREEZE #11 "WINTERIZATION ENERGY PROGRAM" (Continued)												
6. Evaluate program	9/1/ 76	9/20/ 76	CSD Director	x					x	x	x	x

FOR AIKEN AND BARNWELL COUNTIES

OPERATION ANTI-FREEZE #11, "WINTERIZATION ENERGY PROGRAM"

Aiken County Community Action Commission, Inc.

Funding Source		CSA	State	Dept. of Commerce	CETA	Council on Aging
Aiken County		\$2,500	\$653			
Barnwell County		450	195			
Total CSA and Match		\$2,950	\$848			
		CSA & Match				
Materials and Supplies						
Materials		\$3,423				
Energy Assistance		375				
Staff						
1 Carpenter/Supervisor				\$7,052		
1 Carpenters Helper						\$3,772
1 Helper					\$3,772	
Totals		\$3,798		\$7,052	\$3,772	\$3,772
Number of Houses to be winterized						
Aiken County - 17 houses						
Barnwell County - 3 houses						
Total		20 Houses				

OFFICE OF ECONOMIC OPPORTUNITY - APPLICATION FOR COMMUNITY ACTION PROGRAM
SUMMARY OF WORK PROGRAMS AND BUDGET (Please type or print clearly. See instructions on reverse.) (OEO Instruction 6716-1)

(FOR OEO USE) DATE RECEIVED

Reserved for
OMB approval

1. NAME OF APPLICANT AGENCY
Beaufort-Jasper E.O.C., Inc.

2. NAME OF EXECUTIVE DIRECTOR
Gilbert "Gigi" Zimmerman

3. PHONE (include area code)
(803) 524-4245

4. PROGRAM YEAR
FROM 9-1-75 TO 8-31-76

5. GRANTEE NO.
40597

6. STREET ADDRESS
P.O. Drawer 31

7. CITY
Beaufort

8. STATE
S.C.

9. ZIP CODE
29902

10. PLAN YEAR
☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

11. PROJECT TITLE AND STATEMENT OF ONE-YEAR GOALS	12. PRIORITY	13. ACTIVITIES REQUIRED TO ACHIEVE GOAL	14. TIME TABLE PROGRAM YEAR QTR.				15. TRAINING AND TECHNICAL ASSISTANCE REQUIRED	16. PA	17. OEO FUNDS	18. NO. MOS.	19. OTHER RESOURCES AVAILABLE (Specify amount and source)
			1ST	2ND	3RD	4TH					
ENERGY PROGRAM: To assist the indigenous eligible participants, who face energy problems during the winter, through emergency fuel allocations and winterization of homes.		1. Submit acceptable work program that would allow the agency to receive its' allocated funds for winterization and energy activities.	X					05	\$ 3,503		Non-federal match \$654
		2. Hire necessary staff to perform required services, and recruit volunteers to assist.		X							
		3. Advertise and inform target area communities of criteria for eligibility to receive energy and winterization assistance.	X	X	X						
		4. Gather names submitted to receive services and/or benefits.		X	X						

20. AID TO MINORITY ENTERPRISES	21. TOTALS CARRIED FORWARD FROM PREVIOUS PAGES (If any)		
	22. GRAND TOTAL	\$ 3,503	
	23. LESS ESTIMATED UNEXPENDED FUNDS (Carryover)		
	24. NET ADDITIONAL FUNDS REQUESTED FROM OEO (Item 22 minus 23)		

CERTIFICATION

25. THIS APPLICATION HAS BEEN (Check "a" or "b" as appropriate.)

A. ☐ Approved by the applicant's governing board.

B. ☒ Reviewed by the applicant's administering board and approved by its governing officials.

A copy of this application has been forwarded to the State Governor's office. It is understood and agreed by the undersigned that any grant received as a result of this application will be subject to the general conditions governing CAP grants.

26. NAME AND TITLE OF PRINCIPAL GOVERNING OFFICIAL OR PRINCIPAL OFFICER OF GOVERNING BOARD
Father Howard Coughlin, Chairman of the Board

27. SIGNATURE
Father Howard Coughlin

28. DATE
3 Nov 75

29. DATE OF BOARD APPROVAL

SUMMARY OF WORK PROGRAMS AND BUDGET - Continuation Sheet

Reserved for
OMB Approval

GRANTEE NO.

40597

OTHER RESOURCES
AVAILABLE
(Specify amount
and source)

ECP APPLICANT AGENCY

Beaufort-Jasper E.O.C., Inc.

PLAN YEAR

☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

DATE SUBMITTED

PROJECT TITLE AND
STATEMENT OF
ONE-YEAR GOALSPRIOR-
ITY

ACTIVITIES REQUIRED TO ACHIEVE GOAL

TIME TABLE
PROGRAM YEAR QTR.

1ST 2ND 3RD 4TH

TRAINING AND TECHNICAL
ASSISTANCE REQUIRED

PA

SEO FUNDS

NO.
MOS.5. Purchase winterization sup-
plies.

X X

6. Begin winterizing homes as
listed by priorities.

X

7. Establish, if possible, a
revolving funds account with
certain target area fuel com-
panies to enable low-income
persons to receive timely and
necessary energy services.

X

8. Make emergency energy assis-
tance allocations to indigenous
clients.

X X

9. Inspect completed winterized
homes.

X X

10. Evaluate overall effective-
ness of program activities and
services.

X

City of Beaufort-Jasper E.O.C., Inc.

PROJECT NUMBER: 40597

PROJECT AREA: Energy

BOARD APPROVES:

SIGNATURE OF CHAIRMAN:

Father Howard Baughlin

1 YEAR PLAN

PROJECT DESIGN OUTLINE

GAP A/5

PROJECT OBJECTIVES: To assist the indigenous eligible participants, who face energy problems during the winter, through emergency fuel allocations and winterization of homes

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS						
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESUL			
				OPER RSLT	BENE RSLT		SON	DJF	MAM	
1.0 Submit acceptable work program that would allow the agency to receive its' allocated funds for winterization and energy activities.	10/28	11/15	Ex. Dir. & Admin. Asst.	X			X			
2.0 Hire necessary staff to perform re-quired services, and recruit volunteers to assist.	11/24	12/12	Winterization Supervisor	X			X	X		
2.1 Advertise for temporary staff.	11/24	12/5	CAA Staff	X			X	X		
2.2 Interview and hire staff.	12/1	12/12	Winterization Supervisor	X				X		
2.3 Solicit volunteers from local civilian and military community.	12/1	12/12	CAA Staff	X				X		
2.4 Orientate staff and volunteers in aspects of the program.	12/10	12/12	Winterization Superivsor	X				X		
3.0 Advertise and inform target area communities of criteria for eligibility to receive energy and winterization assistance.	11/17	cont.	CAA staff	X			X	X	X	

NCY: Beaufort-Jasper E.O.C., Inc.

NT NUMBER: 40597

GRAN AREA: Energy

E BOARD APPROVES:

SIGNATURE OF CHAIRMAN:

James Howard Coughlin

1 YEAR PLAN

PROJECT OBJECTIVES:

PROJECT DESIGN OUTLINE

GAP A/5

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS					
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY R		
				OPER RSLT	BENE RSLT				
3.1 Make announcements in churches and schools; utilize news releases and local radio stations.	11/17	cont	CAA Staff	X			X	X	
4.0 Gather names submitted to receive services and/or benefits.	12/1	cont.	CAA Staff	X				X	
4.1 Assess individual and/or family needs.	12/8	4/1	CAA Staff	X				X	
4.2 Make up client priority list according to needs.	12/8	4/1	Winterization Supervisor & CAA staff	X				X	
5.0 Purchase winterization supplies.	12/8	4/1	Winterization Supervisor	X				X	
6.0 Begin winterizing homes as listed by priorities.	12/15		CAA staff		X			X	
7.0 Establish, if possible, a revolving funds account with certain target area fuel companies to enable low-income persons to receive timely and necessary energy services.	12/29		CAA staff		X			X	
8.0 Make emergency energy assistance allocations to indigenous clients.	12/29	3/30	Fiscal Man. Officer		X			X	

Beaufort-Jasper E.O.C., Inc.

NUMBER: 40597

AREA: Energy

BOARD APPROVES:

SIGNATURE OF CHAIRMAN:

J. H. Howard Coighlin

1 YEAR PLAN

PROJECT OBJECTIVES:

PROJECT DESIGN OUTLINE

GAP A/5

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS						
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESULTS			
				OPER RSLT	BENE RSLT					
8.1 Have client fill out Emergency Family Assistance request form.	12/29	3/30	CAA staff	X					X	X
8.2 Assess needs of client.	12/29	3/30	CAA Staff	X					X	X
8.3 Make up check and attach back-up information for files.	12/29	3/30	Fiscal Office staff		X				X	X
9.0 Inspect completed winterized homes.	12/22	cont.	Winterization Supervisor	X					X	X
10.0 Evaluate overall effectiveness of program activities and services.	4/15	4/30	CAA staff	X						X
10.1 Send out questionnaires to participants to receive their input on program effectiveness.	4/1	4/15	CAA staff	X						X

BEAUFORT-JASPER E.O.C., INC.

COST BREAKOUT FOR
EMERGENCY ENERGY CONSERVATION PROGRAM

Cost of winterization materials (caulking, weather stripping, nails, roofing paper, polyethelene, plastic sheeting, flooring, etc.)

3,132.70 gmc
~~\$2,896.10~~

Fuel Emergency Assistance Funds for eligible recipients

350.30 gmc
~~\$ 432.90~~

TOTAL

3,503.60 gmc
~~\$4,329.00~~

Total In-kind match

654.00

GRAND TOTAL

4,157.60
~~\$4,983.00~~ gmc

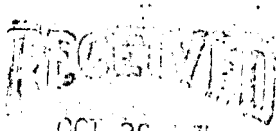
The above changes were
given to me via phone (Diana
Poling) 10:15 a.m. 11-10-75.
Jesse Caughman

OFFICE OF ECONOMIC OPPORTUNITY - APPLICATION FOR COMMUNITY ACTION PROGRAM

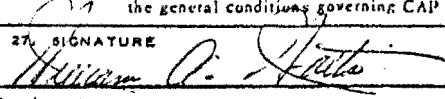
(FOR OEO USE) DATE RECEIVED

Revised

1. NAME OF APPLICANT AGENCY B&D Economic development Corporation		2. NAME OF EXECUTIVE DIRECTOR Thomas Myers		3. PHONE (Include area code) 803-899-7373		4. PROGRAM FROM 12/75 TO 2/76		5. CHARTER NO. 40585	
6. STREET ADDRESS P.O. Box 1215		7. CITY Moncks Corner		8. STATE S.C.		9. ZIP CODE 29461		10. PLAN YEAR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

11. PROJECT TITLE AND STATEMENT OF ONE-YEAR GOALS B&D Economic Development Corporation Winterization Project (Housing) Local low-income senior citizens homes in the two counties that are in dire need of winterizing. Contact Senior Citizens of the two counties to provide us with data of the number of senior citizens that are in need of housing repairs. Organize community group and solicit as many volunteers as possible in aiding in implementing this project.	12. PRIORITY	13. ACTIVITIES REQUIRED TO ACHIEVE GOAL It is the aim of our Agency to winterizing Houses in the two counties. This can be done through our Housing Coordinators and two helpers. Our agency has a truck which can carry the equipment to winterize home and do general repairs on homes. In every community we anticipate a volunteer crew to aid us in completing our task in winterizing the homes in each county. 	14. TIME TABLE PROGRAM YEAR QTR.				16. TRAINING AND TECHNICAL ASSISTANCE REQUIRED S.C. State Office of Economic Opportunity S.C. State Housing Authority	18. PA	17. OEO FUNDS	19. NO. MOS.	20. OTHER AVAILABLE (Specify and amount)
			1ST	2ND	3RD	4TH					

20. AID TO MINORITY ENTERPRISES	21. TOTALS CARRIED FORWARD FROM PREVIOUS PAGES (If any)		
	22. GRAND TOTAL		
	23. LESS ESTIMATED UNEXPENDED FUNDS (Carryover)		
	24. NET ADDITIONAL FUNDS REQUESTED FROM OEO (Item 22 minus 23)		

25. THIS APPLICATION HAS BEEN (Check "a" or "b" as appropriate.)				A copy of this application has been forwarded to the State Governor's office. It is understood and agreed by the undersigned that any grant received as a result of this application will be subject to the general conditions governing CAP grants.	
a. <input checked="" type="checkbox"/> Approved by the applicant's governing board.		b. <input type="checkbox"/> Reviewed by the applicant's administering board and approved by its governing officials.			
26. NAME AND TITLE OF PRINCIPAL GOVERNING OFFICIAL OR PRINCIPAL OFFICER OF GOVERNING BOARD Mr. William A. Watts, Executive Board Chairman				27. SIGNATURE 	
28. DATE Oct. 28 1975				29. DATE OF BOARD APPROVAL	

OEO FORM 412 (Test) AUG 71 REPLACES CAP FORM 1, DATED AUG 68, WHICH MAY BE USED UNTIL JAN 72.

AGENCY: B&D Economic Dev. Corporation
 GRANT NUMBER: 40585
 PROGRAM AREA:
 DATE BOARD APPROVES: October 27, 1975

1 YEAR PLAN
 PROJECT DESIGN OUTLINE
 GAP A/5

PROJECT OBJECTIVES: To winterize homes for senior citizens to make their living conditions comfortable, healthy and enjoyable.

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPONSIBILITY ASSIGNMENTS	PLANNED RESULTS					
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESULTS		
				OPER RSLT	BENE RSLT				
<p>B&D Economic Development Corporation Winterization Project (Housing)</p> <p>Local low-income senior citizens homes in the two counties that are in dire need of winterizing.</p> <p>Contact Senior Citizens Organization of the two counties to provide us with data of the number of senior citizens that are in need of housing repairs.</p> <p>Organize community group and solicit as many volunteers as possible in aiding in implementing this project.</p> <p>Advertisement will be done in the community through news articles, radios, church announcements and mouth-to-mouth communication. We will also solicit civic organization and other social service agencies in implementing this project.</p> <p>Winterizing 42 homes in the two counties.</p> <p>a. Weather stripping of homes (general home repairs). b. Clean out clogged flues. c. Repair leaks in oil lines to heater and stoves d. Repair insulated electrical wire (insulation, plywood, plastic corking material, etc. e. Install linoleum where needed.</p>	12/75	2/76	<p>Executive Director of agency</p> <p>Administrative Assistant</p> <p>Program Planner</p> <p>Coordinator of Housing Project</p>			<p>I</p> <p>It is the aim of our Agency to winterizing houses in the two counties. This can be done through our Housing Coordinators and two helpers. Our agency has a truck which can carry the equipment to winterizing homes and do general repairs on homes.</p> <p>II</p> <p>In every community we anticipate a volunteer crew to aid us in completing our task in winterizing the homes in each county.</p>	X	X	X

RECEIVED
OCT 29 1975
SOUTH CAROLINA ECONOMIC
OPPORTUNITY OFFICE

RECEIVED

OCT 29 1975

SOUTH CAROLINA ECONOMIC
 OPPORTUNITY OFFICE

B & D ECONOMIC DEVELOPMENT CORPORATION
Winterization Project
(3 Months)

Berkeley County	\$2,542.00
Dorchester County	<u>1,713.00</u>
Total Budgeted	<u>\$4,255.00</u>

Building materials at \$100.00 per house	
25 Homes in Berkeley County	\$2,500.00
17 Homes in Dorchester County	1,700.00
OTHER COSTS	<u>55.00</u>
Total	<u>\$4,255.00</u>

In-Kind		
Part-time Sec. Bookkeeper	130 hrs. @ 2.50	\$325.00
Carpenter helper	205 hrs. @ 3.20	<u>656.00</u>
Total		<u>981.00</u>

TM
EMERGENCY ASSISTANCE 656.00

Submitted By

Andrea Spann
SIGNATURE

October 24, 1975
DATE

Nancy Bennett
SIGNATURE

October 24, 1975
DATE

OFFICE OF ECONOMIC OPPORTUNITY - APPLICATION FOR COMMUNITY ACTION PROGRAM
SUMMARY OF WORK PROGRAMS AND BUDGET (Please type or print clearly. See instructions on reverse.) (OEO Instruction 6710-1)

(FOR OEO USE) DATE RECEIVED

Reserved for
OMB approval

1. NAME OF APPLICANT AGENCY Carolina Community Actions, Inc.				2. NAME OF EXECUTIVE DIRECTOR John R. Rumford		3. PHONE (Include area code) 803--327-6151		4. PROGRAM YEAR FROM 10-1-75 TO 9-30-76		5. GRANTEE NO. 40657	
6. STREET ADDRESS P.O. Box 820 CSS		7. CITY Rock Hill		8. STATE S. C.		9. ZIP CODE 29730		10. PLAN YEAR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5			

11. PROJECT TITLE AND STATEMENT OF ONE-YEAR GOALS	12. PRIORITY	13. ACTIVITIES REQUIRED TO ACHIEVE GOAL	14. TIME TABLE PROGRAM YEAR QTR.				15. TRAINING AND TECHNICAL ASSISTANCE REQUIRED	16. PA	17. OEO FUNDS	18. NO. MOS.	19. OTHER RESOURCES AVAILABLE (Specify amount and source)
			1ST	2ND	3RD	4TH					
Energy Crisis Assistance for Senior Citizens - Operation Keepwarm II 250 to provide up to \$100 per poor family in funds for winterization of 75 homes, work to be completed by March 31, 1976. Project will provide improved living conditions for the poor. To provide emergency assistance to prevent hardship or endangerment to health due to utility shut off or lack of fuel.		1.0 Planning and Identification					Assistance will be provided by the S. C. Economic Opportunity Office	05	\$7,091.00		\$1,345 Non-federal share from State/local funds.
		1.1 Contact with the three Councils on Aging, DSS and other agencies to identify potential participants in four county area.									
		1.2 Receipt of Applications from clients.									
		1.3 Contact Subcontractors or persons who can perform the work.									
		2.0 Program Operation									
		2.1 Issue authorization for work on individual homes from among applicants.									
		2.2 Issue payment for satisfactory work or materials									
		2.3 Complete program work.									
20. AID TO MINORITY ENTERPRISES							21. TOTALS CARRIED FORWARD FROM PREVIOUS PAGES (If any)				
							22. GRAND TOTAL		\$7,091.00		
							23. LESS ESTIMATED UNEXPENDED FUNDS (Carryover)				
							24. NET ADDITIONAL FUNDS REQUESTED FROM OEO (Item 22 minus 23)		\$7,091.00		

CERTIFICATION

25. THIS APPLICATION HAS BEEN (Check "a" or "b" as appropriate.)

A. ☒ Approved by the applicant's governing board.

B. ☐ Reviewed by the applicant's administering board and approved by its governing officials.

A copy of this application has been forwarded to the State Governor's office. It is understood and agreed by the undersigned that any grant received as a result of this application will be subject to the general conditions governing CAP grants.

26. NAME AND TITLE OF PRINCIPAL GOVERNING OFFICIAL OR PRINCIPAL OFFICER OF GOVERNING BOARD Harry Byrd, Chairman of the Board		27. SIGNATURE Harry Byrd		28. DATE 11-3-75		29. DATE OF BOARD APPROVAL	
---	--	-----------------------------	--	---------------------	--	----------------------------	--

SUMMARY OF WORK PROGRAMS AND BUDGET - Continuation Sheet

Reserved for
OMB Approval

GRANTEE NO.

40657

OTHER RESOURCE
AVAILABLE
(Specify amount
and source)

NAME OF APPLICANT AGENCY

Carolina Community Actions, Inc.

PLAN YEAR

☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5

DATE SUBMITTED

11-3-75

PROJECT TITLE AND
STATEMENT OF
ONE-YEAR GOALSPRIOR-
ITY

ACTIVITIES REQUIRED TO ACHIEVE GOAL

TIME TABLE
PROGRAM YEAR QTR.

1ST 2ND 3RD 4TH

TRAINING AND TECHNICAL
ASSISTANCE REQUIRED

PA

OEO FUNDS

NO.
MOS.

Operation Keepwarm

2.4 Identify those participants
who are in need of financial
assistance for fuel, utili-
ties, etc.2.5 Provide financial assistance
in securing fuel, utilities,
etc., through an approved
system of payment.

3.0 Reporting

3.1 Report progress monthly to
Evaluation Committee and to
Agencies as required.3.2 Indicate linkages with other
programs operated by Agency,
particularly Housing and
Energy Program

4.0 Evaluation

4.1 Follow up by making at least
one visit to each client to
determine effectiveness.

4.2 Evaluate Program

5.0 Recycle Planning

TOTAL THIS PAGE

AGENCY: Carolina Community Actions, Inc.

PROJECT NUMBER: 40657

PROGRAM AREA: Operation Keepwarm

BOARDS APPROVES:

SIGNATURE OF CHAIRMAN:

1 YEAR PLAN

PROJECT DESIGN OUTLINE

GAP A/5

250 PROJECT OBJECTIVES: to provide up to \$100-per family in funds for winterization of 75 homes, work to be completed by March 31, 1976. Project will provide emergency assistance to prevent hardship or endangerment to health due to utility shut off or lack of fuel.

PLANNED RESULTS

MAJOR ACTIVITIES, WITH SUB-STEPS		SCHEDULE		RESPON- SIBILITY ASSIGNMENT	CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESUL		
		BEGIN	END		OPER RSLT	BENE RSLT				
1.0	Planning and Identification	11-75	11-75		X			0	0	0
1.1	Contact with Councils on Aging, DSS and other agencies to identify potential participants in four county area.	11-75	11-75	Personnel Director						
1.2	Receipt of Applications from clients	11-75	11-75	Personnel Dir	X			0	0	0
1.3	Contact Subcontractors or persons who can perform the work.	11-75	11-75	Other CCA Staff Personnel Dir		X		0	0	0
2.0	Program Operation	11-75	3-76	Personnel Dir	X			0	75	0
2.1	Issue authorization for work on individual homes from among applicants	11-75	2-76	Personnel Dir		X		0	75	0
2.2	Issue payment for satisfactory work or materials purchased for clients.	11-75	2-76	Accounting	X			0	0	0
2.3	Complete work program	11-75	3-76	Staff	X			9	9	0
2.4	Identify those participants who are in need of financial assistance for fuel, utilities, etc.	11-75	3-76	Staff	X					
2.5	Provide financial assistance in securing fuel, utilities, etc., through an approved system of payment.	11-75	3-76	Staff	X					
3.0	Reporting									
3.1	Report progress monthly to Evaluation Committee and to agencies as required.	11-75	4-76	Personnel Dir	X			0	0	0
3.2	Indicate linkages with other programs operated by Agency, particularly Housing and Energy Program.	11-75	4-76	Personnel Dir.	X			0	0	0

AGENCY: Carolina Community Actions, Inc.

PROJECT NUMBER: 40657

PROGRAM AREA: Operation Keepwarm

BOARD APPROVES:

SIGNATURE OF CHAIRMAN:

1 YEAR PLAN

PROJECT OBJECTIVES:

PROJECT DESIGN OUTLINE

GAP A/5

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS						
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESUL			
				OPER RSLT	BENE RSLT					
4.0 Evaluation										
4.1 Follow Up by making at least one visit to each client to determinè effective- ness.	1-76	4-76	Staff		X			0	0	0 0
4.2 Evaluate Program	2-76	4-76	Evaluation Committee	X				0	0	0 0
5.0 Recycle Planning	4-76	9-76	Board and staff	X				0	0	0 0

CAROLINA COMMUNITY ACTIONS, INC.
ROCK HILL, SOUTH CAROLINA 29730

PROPOSAL FOR OPERATION KEEP WARM II
WINTERIZATION PROGRAM

I. Description and Scope of Work

A. Purpose

The purpose of the program is to apply limited CSA funds, possibly later amplified with U. S. Department of Commerce funds and local funds, to winterize 75 family dwellings occupied by the low-income in the four- county area of York, Lancaster, Chester and Union Counties of South Carolina. The work will be completed by March 31, 1976. There will be a limit of ~~\$100~~ per dwelling expended.

250

B. Scope of Work

1. The project will function in the four counties of Chester, Lancaster, Union and York. The indentification of clients will be provided by Councils on Aging, Department of Social Services, CCA's Information and Referral Program, and other agencies who will have contact with the poor.

2. The work to be performed for those selected clients from among those applying, will be limited to minor repairs not to exceed ~~\$100~~ 250 per dwelling. Typical activities will include: shuttering of windows on sides not exposed to sunlight; replacing of roof shingles or tin or clapboard; insulation; banking or insulating around foundation and sills by use of plastic or tar paper; tarpapering or sealing of holes in roof or walls, exterior and interior; covering of floors with linoleum or other floor covering; replacement of wood siding or floors that is missing; replacement of windows; caulking; weatherstripping; plastic sheeting for doors and windows; repairs to fireplaces; and repairs to coal stoves, gas or oil stoves.

3. In accordance with CSA Instruction 6143-1, 10% of the \$7,091 will be utilized for emergency assistance to prevent hardship or endangerment to health due to utility shut-off or lack of fuel.

4. There will be no fewer than 75 homes winterized. Clients can supplement the maximum expenditure of ~~\$100~~ per dwelling.

250

5. Staff of the aforementioned agencies will work closely with CCA Project Director, Tom Dabney, Personnel Director. These persons concerned with the poor will be directly involved in the program.

6. Other agency efforts will be coordinated with the program to provide the best possible results and use of resources. CCA expects to receive an additional grant directly from CSA which should result in the winterization of an additional 75 homes. It is also anticipated that labor will be provided by a grant from the U. S. Department of Commerce through the State OEO Office.

7. Carolina will assume responsibility for operation of the program. This shall include planning, operation and evaluation.

8. No sub-contractors will be used.

II. Time Frame

A. Schedule

The attached A/5 and 419 reflect the proposed schedule. Staff will proceed to identify clients immediately with the help of the previously mentioned agencies. Work on homes can be expected to begin on or about December 1, 1975 and all work will be completed by March 31, 1976.

III. Financial

A. Resources

The funds to be used for this project are:

\$7,091.00 from S.C.O.E.O., which is from a CSA grant
\$1,345.00 from State funds of Carolina to be used to
satisfy the In-Kind requirements

The total is \$8,436.00. This shall be divided among the counties either equally with each county receiving the same amount or using the formula of \$1,000 base and \$.091 for each poor person in each county. Any additional funds received such as U. S. Department of Commerce, or additional CSA money will be allocated in the same manner. It is anticipated that the labor involved will be provided by CCA's Manpower Programs or paid for by local share. Volunteers can also provide labor support.

B. Schedule

There will be no administrative expenses. Any incurred will be absorbed by other programs. Staff used will be existing paid from other program sources.

Labor incurred is estimated at a maximum to be paid the prevailing rate for work performed. Most of the work can be accomplished by carpenters, many of whom are out of work now due to the economy, who would welcome some activities for employment.

C. Left-Over Funds

All funds will be expended to benefit clients. No left-over money is expected but should there be any, it will be used for an activity related to the energy.

IV. Restrictions

A. No restrictions except that O.E.O. requires their funds be used for the poor. Therefore, the emphasis of program shall be poor.

- B. Monthly reports will be prepared by the Project Director. His report is submitted to the Director of Operations and Executive Director. Summary reports will be provided the Evaluation Committee monthly.
- C. Evaluation shall be conducted during the life of the project, probably in March, 1976, by the Evaluation Committee. The evaluation is to be conducted through on-site visits to sampling of clients.

V. Civil Rights

- A. Carolina Community Actions certifies that there shall be no discrimination with regard to clients with regard to race, color, creed, sex, age, religion or national origin.
- B. Any persons employed to perform services under this contract shall be employed without regard to age, race, color, creed, sex, religion or national origin.

VI. Technical Requirements

- A. Many poor, elderly poor live in substandard housing. They have no resources with which to address the problems of repairs of roof, floors, sides or in general making their dwellings more comfortable in winter. In short, they need winterizing of dwellings and funds to accomplish this.
- B. No personnel, other than part-time help to accomplish weather-proofing will be needed. It is expected that the persons employed will be carpenters, fully qualified for this task. Program personnel will be under the direction of Tom Dabney, Personnel Director, who will supervise the project.
- C. The facilities of CCA will be used to the extent necessary. Equipment needed will be small tools, saws and ladders.
- D. The applicant agency is a private non-profit corporation. It was established in August 1965. It operates over 20 programs a year to meet the needs of the people of the four counties. Total funds within these budgets exceed \$2.2 million a year. There are over 145 full-time staff.

PREFACE

In December of 1974, the SEOO, Commission on Aging, DSS, Trident Area Program for the Aging, COBRA and the local CAP agreed to cooperatively meet the identified energy problems of the poor, define means and ways of alleviating such problems and formulate and carry out a basic plan to deal with the problems resulting from the energy crisis. Efforts were concentrated upon winterization of homes as a major activity towards the accomplishment of the aforementioned objective. The Commission on Aging and the SEOO provided the funds and established written agreements with CAP agencies across the state for the utilization of these funds for either direct costs or as matching or seed monies.

In Charleston, the Committee on Better Racial Assurance (COBRA), a private non-profit agency, contracted with the DSS and the Trident Area Program for the Aging to provide core services to senior citizens in the tri-county area. This effort commenced April 1, 1975 and was extended to operate through September, 1975. As the COBRA funds were to be used equitably among the three counties, the local CAP saw an opportunity to get the maximum utilization of monies available to the CAP by augmenting the funds available to COBRA for Charleston County. Strategy was developed and at the termination of the period for which the CAPs' funds were available (January 1, 1975 to June 30, 1975), 67 homes of elderly persons had been winterized at an average cost of \$100 per house. Up to 80 homes were targeted. We fell short of accomplishing these due to weather conditions (rainy season), unavailability of materials, and the difficulty in securing reliable carpenters. Generally, repairs to homes included replacement of doors, screens, windows, steps, handrails, minor leaks, window and windowsills, etc. It was further estimated that a minimum of 20-25 homes per month could use this service and have them accomplished given good weather.

In January 1975, an inspection/evaluation visit made by the SEOO and Commission on Aging representatives found the COBRA/CAP arrangement productive. Of the \$2,513 available to the CAP, all but \$64 had been spent on materials required to winterize homes of Charleston County's elderly. The CAPs' contribution was multiplied many times as the figure represents only material costs. Transportation, labor costs, etc. were borne by COBRA.

As CAP funds for this project are depleted, we humbly submit the following continuation proposal. One hundred and fifty (150) homes are identified and carried as in need of assistance. A number of other homes are being assessed; however, this assessment is not yet complete.

PROPOSAL

Description:

To meet the identified energy problems of approximately 100 households; defining means and ways of alleviating such problems; formulating and carrying out a basic action plan to deal with the problems resulting from the energy crisis. More specifically, we propose to continue the winterization of houses of the elderly, or near poor, as was begun in cooperation with COBRA in April, 1975.

Past Efforts:

Past efforts saw the winterization of 67 homes accomplished, which was 13 short of the targeted 80. This shortfall is attributed to climatic conditions, the unavailability of required materials, and the hiring of carpenters. Through the combination of the resources of COBRA and the local CAP, we were able to obtain a better utilization of the monies available and complete more homes that could have been completed individually. Given sufficient funding, and the expected continuance of the relationship with COBRA, we could easily winterize 20-25 homes per month. (Note: CAP proposed and was funded for the winterization of 20 homes.)

Feasibility and Relevance:

Local community priority has been to demolish dilapidated housing in both the city and county. On the other hand, these dilapidated houses are the only kind of housing available to the poor. This program of winterization has served to not only make homes more enduring given climatic conditions, but also brings them up to a level which is acceptable to the housing inspectors, thus allowing these persons to retain access to their homes. While the objective of this proposal is singular, dual purposes are being served.

Non-CSA Resources:

The cooperative agreement that this agency had with COBRA and the application of CAP/COBRA/COA resources was critical to the success of the initial program of winterization. While many agencies identified the need for winterization of homes as a problem, none had any of the needed resources (money) with which to attack the problem. Funds utilized for the original effort were state (COA), federal (CAP), and local (COBRA). Given the continuation and resources requested herein, we foresee no problems in accomplishing the goals set forth.

Project Results/Unit Cost:

See attached CAP 325.

Evaluation:

Evaluation will be twofold as required -- self-evaluation and an evaluation in concert with regional and national agencies, i.e.: FEA and NBS concerned with the energy crisis.

The SEOO will develop the self-evaluation tool as they are the grantee for these monies. SEOO and COA did evaluate the Charleston '75 winterization effort in the interest of evaluating those energy efforts for which it was funded in South Carolina. We see no reason to expect anything less for this program.

OFFICE OF ECONOMIC OPPORTUNITY - APPLICATION FOR COMMUNITY ACTION PROGRAM
SUMMARY OF WORK PROGRAMS AND BUDGET (Please type or print clearly. See instructions on reverse.) (OEO Instruction 6710-1)

(FOR OEO USE) DATE RECEIVED

Reserved for
OMB approval

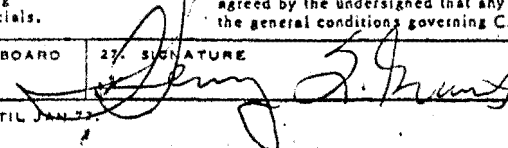
1. NAME OF APPLICANT AGENCY Charleston County Economic Opportunity Commission				2. NAME OF EXECUTIVE DIRECTOR C. S. Campbell		3. PHONE (Include area code) 803 723-9285		4. PROGRAM YEAR FROM 11/1/75 TO 10/31/76		5. GRANTEE NO. 40573	
--	--	--	--	---	--	--	--	---	--	-------------------------	--

6. STREET ADDRESS 1000 King Street		7. CITY Charleston		8. STATE S.C.		9. ZIP CODE 29403		10. PLAN YEAR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
---------------------------------------	--	-----------------------	--	------------------	--	----------------------	--	--	--	--	--

11. PROJECT TITLE AND STATEMENT OF ONE-YEAR GOALS	12. PRIORITY	13. ACTIVITIES REQUIRED TO ACHIEVE GOALS	14. TIME TABLE PROGRAM YEAR QTR.				15. TRAINING AND TECHNICAL ASSISTANCE REQUIRED	16. PA	17. OEO FUNDS	18. NO. MOS.	19. OTHER RESOURCES AVAILABLE (Specify amount and source)
			1ST	2ND	3RD	4TH					
To meet identified energy problems of poor; defining means and ways of alleviating such problems; formulating and carrying out a basic action plan to deal with problems resulting from the energy crisis.		1. Develop strategy for and implement the weatherizing of homes. 2. Coordinate the delivery of service measures established to meet energy crisis. 3. Purchase, store and dispense fuel oil for emergencies. 4. Augment and increase the food supplies of such immediate help agencies as DEEP, Salv.Army, Star Gospel Mis., Outreach Programs for emergency dispensing during crisis. 5. Purchase clothing and bedding for those without sufficient heat or any heat.					Any training and technical assistance required will be requested from the SEOC.	05	\$8,193	12	

20. AID TO MINORITY ENTERPRISES		21. TOTALS CARRIED FORWARD FROM PREVIOUS PAGES (If any)		-0-	
		22. GRAND TOTAL		\$8,193	
		23. LESS ESTIMATED UNEXPENDED FUNDS (Carryover)		-0-	
		24. NET ADDITIONAL FUNDS REQUESTED FROM OEO (Item 22 minus 23)		\$8,193	

25. THIS APPLICATION HAS BEEN (Check "a" or "b" as appropriate.) A. <input type="checkbox"/> Approved by the applicant's governing board. B. <input type="checkbox"/> Reviewed by the applicant's administering board and approved by its governing officials.		A copy of this application has been forwarded to the State Governor's office. It is understood and agreed by the undersigned that any grant received as a result of this application will be subject to the general conditions governing CAP grants.	
--	--	--	--

26. NAME AND TITLE OF PRINCIPAL GOVERNING OFFICIAL OR PRINCIPAL OFFICER OF GOVERNING BOARD Henry L. Grant, Chairman		27. SIGNATURE 		28. DATE 10/20/75		29. DATE OF BOARD APPROVAL 10/20/75	
--	--	---	--	----------------------	--	--	--

Charleston County Economic Opportunity Commission

NUMBER: 40573

1 AREA: Energy

CARD APPROVES: 10/20/75

SIGNATURE OF CHAIRMAN:

Henry L. Hunt

1 YEAR PLAN

PROJECT DESIGN OUTLINE

GAP A/5

PROJECT OBJECTIVES: To meet identified energy problems of the poor; defining means and ways of alleviating such problems; formulating and carrying out a basic action plan to deal with problems resulting from the energy crisis.

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS							
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESULTS				
				OPER RSLT	BENE RSLT						
1. Develop strategy for and implement the weatherizing of homes.	11/1/75	10/31/76	CCEOC Staff; COBRA			It was estimated that 400-600 of the 20,000+ families eligible for the assistance will participate in the program. The limited amount of resources available, the rising costs of goods and services, figures significantly in the sufficiency of this effort. One hundred and fifty (150) homes are identified and carried as in need of assistance. Sixty-seven (67) of the 80 targeted were accomplished during the first effort. Completion of current assessments could raise the need factor.					
2. Coordinate the delivery of service measures established to meet energy crisis.	"	"	All Components								
3. Purchase, store and dispense fuel oil for emergencies.	"	"	CCEOC Staff								
4. Augment and increase the food supplies of such immediate help agencies as HELP, Salvation Army, Star Gospel Mission, Outreach Programs, for emergency dispensing during crisis.	"	"	CCEOC Staff; Trans.; I&R								
5. Purchase clothing and bedding for those without sufficient heat or any heat.	"	"	" "								

OFFICE OF ECONOMIC OPPORTUNITY • APPLICATION FOR COMMUNITY ACTION PROGRAM
PROGRAM ACCOUNT BUDGET SUPPORT SHEET (Please type or print clearly)

Form Approved
Budget Bureau No. 116-R0158

1. APPLICANT AGENCY Charleston County Economic Opportunity Commission	2. DATE SUBMITTED October-1975	3. PROGRAM YEAR J END DATE: 10/31/76	4. GRANT NO. 40573
--	-----------------------------------	--	-----------------------

5. PROGRAM ACCOUNT

a. NUMBER	05	b. NAME	Operation Anti-Freeze #II, Winterization Program	c. BEGINNING	11/1/75	d. ENDING	10/31/76
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6. BUDGET SUPPORT DATA

COST CATE- GORY NO. (1)	DESCRIPTION OF ITEM AND BASIS FOR VALUATION (2)	AMOUNT OR VALUE OF ITEM	
		FEDERAL SHARE (3)	NON-FEDERAL SHARE (4)
	Winterization materials: Caulking, insulation, weatherstripping, replacement, adjustment, or repairs to heating system.	7,300	
	Emergency assistance: Fuel, clothing, grants, or payment guarantees for utilities, etc.	893	
	Summary: \$6,012 -- SEOO		
	2,181 -- CCEOC		
	\$8,193 -- Available		

7. <input type="checkbox"/> ADDITIONAL NARRATIVE STATEMENT IS ATTACHED	TOTALS CARRIED FORWARD FROM ATTACHED PAGES (if any)	-0-	
	TOTALS	\$8,193	

V-15

OFFICE OF ECONOMIC OPPORTUNITY - APPLICATION FOR COMMUNITY ACTION PROGRAM
SUMMARY OF WORK PROGRAMS AND BUDGET (Please type or print clearly. See instructions on reverse.) (OEO Instruction 6710-1)

(FOR OEO USE) DATE RECEIVED

Reserved for
OEB approval

1. NAME OF APPLICANT AGENCY

Chestedfield-Marlboro Economic
Oppodtunity Council, Inc.

2. NAME OF EXECUTIVE DIRECTOR

Norman T. Robinson, Jr.

3. PHONE (Include area code)

803-537-5256

4. PROGRAM YEAR

FROM
12/1/75

TO
03/31/76

5. GRANTEE NO.

40578

6. STREET ADDRESS

71 Second Street

7. CITY

Cheaw

8. STATE

S. C.

9. ZIP CODE

29520

10. PLAN YEAR

☐ 1

☒ 2

☐ 3

☐ 4

☐ 5

11. PROJECT TITLE AND
STATEMENT OF
GOALS

12. PRIOR-
ITY

13. ACTIVITIES REQUIRED TO ACHIEVE GOAL

14. TIME TABLE
PROGRAM YEAR QTR.

15. TRAINING AND TECHNICAL
ASSISTANCE REQUIRED

16. PA

17. OEO FUNDS

18. NO.
MOS.

19. OTHER RESOURCES
AVAILABLE
(Specify amount
and source)

WINTERIZING HOMES
OF THE ELDERLY.

01. Identification of project
area.

Objective: To
assist in winter-
izing homes of 55
low income fami-
lies, making these
homes more comfor-
table and less
hazardous.

02. Identify CAA staff person
responsible for planning,
supervision, and imple-
menting project.

03. Identify facility for
workout stations in each
county.

04. Identify and coordinate
with helping agencies for
consultation in planning,
referring, screening,
monitoring, and evaluation
of project.

1ST 2ND 3RD 4TH

21. TOTALS CARRIED FORWARD FROM PREVIOUS PAGES (If any)

4,127.00

736

22. GRAND TOTAL

4,127.00

23. LESS ESTIMATED UNEX-ENDED FUNDS (Carryover)

24. NET ADDITIONAL FUNDS REQUESTED FROM OEO (Item 22 minus 23)

CERTIFICATION

25. THIS APPLICATION HAS BEEN (Check "a" or "b" as appropriate.)

A. ☒ Approved by the applicant's
governing board.

B. ☐ Reviewed by the applicant's administering
board and approved by its governing officials.

A copy of this application has been forwarded to the State Governor's office. It is understood and
agreed by the undersigned that any grant received as a result of this application will be subject to
the general conditions governing CAP grants.

26. NAME AND TITLE OF PRINCIPAL GOVERNING OFFICIAL OR PRINCIPAL OFFICER OF GOVERNING BOARD

William P. Wallace, Chairman

27. SIGNATURE

28. DATE

10/30/75

29. DATE OF BOARD AP-
PROVAL

SUMMARY OF WORK PROGRAMS AND BUDGET - Continuation Sheet

Reserved for
ONB Approval

NAME OF APPLICANT AGENCY

Chesterfield-Marlboro Economic Opportunity Council, Inc.

PLAN YEAR

☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

DATE SUBMITTED

11/30/75

GRANTEE NO.

40578

PROJECT TITLE AND
STATEMENT OF
GOALS
4 mos.PRIOR-
ITY

ACTIVITIES REQUIRED TO ACHIEVE GOAL

TIME TABLE
PROGRAM YEAR QTR.

1ST 2ND 3RD 4TH

TRAINING AND TECHNICAL
ASSISTANCE REQUIRED

PA

OEO FUNDS

NO.
MOS.OTHER RESOURCE
AVAILABLE
(Specify amount
and source)WINTERIZING HOMES
OF THE ELDERLY.Objective: To
assist in winter-
izing homes of
55 low income
families, making
these homes more
comfortable and
less hazardous.05. Identify homes to be winter-
ized (no. and priority.)

06. Establish time frame.

07. Purchase material and ob-
tain equipment to obtain
project goal.

4

3,984.30

736.00

(CAA match)

TOTAL THIS PAGE

3,984.30

736.00

SUMMARY OF WORK PROGRAMS AND BUDGET - Continuation Sheet

Reserved for
OMB Approval

NAME OF APPLICANT AGENCY

Chesterfield-Marlboro Economic Opportunity Council, Inc.

PLAN YEAR

☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

DATE SUBMITTED

11/30/75

GRANTEE NO.

40578

PROJECT TITLE AND
STATEMENT OF
GOALS

4 MOS

PRIOR-
ITY

ACTIVITIES REQUIRED TO ACHIEVE GOAL

TIME TABLE
PROGRAM YEAR QTR.

1ST 2ND 3RD 4TH

TRAINING AND TECHNICAL
ASSISTANCE REQUIRED

PA

OEO FUNDS

NO.
MOSOTHER RESOURCE
AVAILABLE
(Specify amount
and source)EMERGENCY ASSIS-
TANCE.

Objective: To
provide emergency
assistance to 20
families for fuel
and utility bills
through grants or
loans.

01. Identify CAA staff persons
responsible for accepting
application and implementing
project.

442.70

TOTAL THIS PAGE

442.70

PROJECT OBJECTIVES: To provide emergency assistance to 20 families for fuel and utility bills through grants or loans.

E OF CHAIRMAN:
William P. Wallace

[illegible]

AGENCY: Chesterfield-Marlboro Economic Opportunity Council, Inc.

PROJECT NUMBER: 40578

PROGRAM AREA: Housing

BOARD APPROVES:

SIGNATURE OF CHAIRMAN:

William P. Wallad

1 YEAR PLAN

PROJECT DESIGN OUTLINE

GAP A/5

PROJECT OBJECTIVES: To assist in winterizing homes of 55 low income families, making these homes more comfortable and less hazardous.

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS									
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESULTS						
				OVER RSLT	BENE RSLT								
01. Identification of project area. a. Bi-county program area	12/1/75	12/2/75	Executive Dir.	v									

Chesterfield-Marlboro Economic

y: Opportunity Council, Inc.

NUMBER: 40578

AN AREA: Housing

BCARD APPROVES:

SIGNATURE OF CHAIRMAN:

William P. Willard

1 YEAR PLAN

PROJECT DESIGN OUTLINE

GAP A/5

PROJECT OBJECTIVES: To assist in winterizing homes of 55 low income families, making these homes more comfortable and less hazardous.

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS						
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESU:			
				OPER RSLT	BENE RSLT					
02. Identify CAA staff person responsible for planning, supervision, and implementing project.	12/1/75	12/3/75	Executive Dir. v Deputy Dir.					v		

SIGNATURE OF CHAIRMAN:

1 YEAR PLAN

PROJECT DESIGN OUTLINE

GAP A/5

PROJECT OBJECTIVES: To assist in winterizing homes of 55 low income families, making these homes more comfortable and less hazardous.

William P. Wallcut

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS									
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESUL						
				OPER RSLT	BENE RSLT								
04. Identify and coordinate with helping agencies for consultation in planning, referring, screening, monitoring, and evaluation of project. a. Area Council on Aging b. Department of Social Service c. Department of Public Health d. Comprehensive Employment Training Act.	12/8/75	3/31/76	Executive Dir. Deputy Dir. Program Dir.	v	<input checked="" type="checkbox"/>						v	v	

SY: Opportunit
T NUMBER: 40578
RAN AREA: Housing
BCARD APPROVES:

William P. Wallis

PROJECT DESIGN OUTLINE

GAP A/5

PROJECT OBJECTIVES: To assist in winterizing homes of 55 low income families, making these homes more comfortable and less hazardous.

MAJOR ACTIVITIES, . . WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS							
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESU				
				OPER RSLT	BENE RSLT						
05. Identify homes to be winterized (number and priority). a. Accept applications for home winterization. b. Obtain description of need, location, ownership and work estimate of homes to be screened 1. Caulking 2. Weather stripping 3. Storm windows 4. Broken window replacement 5. Linoleum c. Determine eligibility and pri- ority of need in potential re- cipient. d. Research applicants ability to pay for materials to be used in winterizing homes and obtain	2/10/75	3/10/76	N.C. Program Director N.C. Coordin- ators with coordinating agencies.	--	v				v	v	

Chesterfield-Marlboro Economic

Y: Opportunity Council, Inc.

NUMBER: 40578

PLAN AREA: Housing

BOARD APPROVES:

SIGNATURE OF CHAIRMAN:

William P. Wallad

1 YEAR PLAN

PROJECT DESIGN OUTLINE

GAP A/5

PROJECT OBJECTIVES: To assist in winterizing homes of 55 low income families, making these homes more comfortable and less hazardous.

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS						
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESUL			
				OPER RSLT	BENE RSLT					
agreement if able to pay - establish pay scale.										
e. If applicant rents home obtain consent of owner to make repairs and that rent will not be affect- ed by improvements made.					V			V	V	

Chesterfield-Marlboro Economic

Y: Opportunity Council, Inc.

NUMBER: 40578

PLAN AREA: Housing

BOARD APPROVES:

SIGNATURE OF CHAIRMAN:

William P. Waller

1 YEAR PLAN

PROJECT DESIGN OUTLINE

GAP A/5

PROJECT OBJECTIVES: To assist in winterizing homes of 55 low income families, making these homes more comfortable and less hazardous.

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS					
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESU:		
				OPER RSLT	BENE RSLT				
06. Establish time frame.	12/8/75	1/30/76	Executive Dir	v			v		
a. Planning and screening	"	"	Deputy Dir.	v			v		
b. Approximate date of beginning and ending of work in winterizing houses and time element of each unit repair.	"	"	N.C. Program Director	v			v		
c. Monitoring, reporting and evaluation.	2/15/76	3/30/76		v			v		

Chesterfield-Marlboro Economic
 Opportunity Council, Inc.

NUMBER: 40578
 PLAN AREA: Housing
 BOARD APPROVES:

SIGNATURE OF CHAIRMAN:

William P. Waller

1 YEAR PLAN

PROJECT DESIGN OUTLINE

GAP A/5

PROJECT OBJECTIVES: To assist in
 winterizing homes of 55 low income
 families, making these homes more
 comfortable and less hazardous.

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS									
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESU:						
				OPER RSLT	BENE RSLT								
07. Purchase material and obtain equip- ment to obtain project goal.	12/15/75	3/15/76	Executive Dir.	V							V	V	

CHESTERFIELD-MARLBORO ECONOMIC
OPPORTUNITY COUNCIL, INC.

10/30/75

BUDGET BREAKDOWN

MATERIALS

100 window panes at .70¢ ea.	\$ 70.00
50 Tubes caulking at .69¢ per tube	34.50
200 pr. Weather stripping at .55¢	110.00
100 Storm windows at \$17.00	1700.00
25 Linoleum at \$27.00 ea. pc.	675.00
Miscellaneous Items (caulking guns, tacks, lumber for minor wood repairs and sheeting for roof repair)	1394.80
Total materials	3984.30

EMERGENCY ASSISTANCE

Purchase of emergency fuel supply and grants and/or loans to pay utility bills.	442.70
TOTAL EMERGENCY ASSISTANCE	442.70
GRAND TOTAL (Federal)	\$4,427.00

OFFICE OF ECONOMIC OPPORTUNITY - APPLICATION FOR COMMUNITY ACTION PROGRAM
SUMMARY OF WORK PROGRAMS AND BUDGET (Please type or print clearly. See instructions on reverse.) (OEO Instruction 6710-1)

(FOR OEO USE) DATE RECEIVED

Reserved for
OMB approval

1. NAME OF APPLICANT AGENCY Darlington County Community Action Agency				2. NAME OF EXECUTIVE/DIRECTOR I.C. Wiley		3. PHONE (Include area code) 803/393-5811		4. PROGRAM YEAR FROM TO		5. GRANTEE NO.	
--	--	--	--	---	--	--	--	----------------------------	--	----------------	--

6. STREET ADDRESS PO Box 596		7. CITY Darlington		8. STATE S.C.		9. ZIP CODE 29532		10. PLAN YEAR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
---------------------------------	--	-----------------------	--	------------------	--	----------------------	--	---	--	--	--

11. PROJECT TITLE AND STATEMENT OF ONE-YEAR GOALS	12. PRIORITY	13. ACTIVITIES REQUIRED TO ACHIEVE GOAL	14. TIME TABLE PROGRAM YEAR QTR.				15. TRAINING AND TECHNICAL ASSISTANCE REQUIRED	16. PA	17. OEO FUNDS	18. NO. MOS.	19. OTHER RESOURCES AVAILABLE (Specify amount and source)
			1ST	2ND	3RD	4TH					
To reduce the use of energy consumption through winterization of homes for the elderly and poor residents. To assist poor and elderly families with emergency fuel shortages.		Weatherizing homes for rural poor and elderly families.							\$2,129.90		\$625 (CAA in-kind)
		Temporary plastic storm windows and wooden storm doors.									
		Banking around the foundations with polyethylene plastic sheeting.							306.10		
		Caulking and weatherstripping of windows, doors and wall cracks.									
		Wall insulation and replacement of wall, if not too expensive.									

20. AID TO MINORITY ENTERPRISES	21. TOTALS CARRIED FORWARD FROM PREVIOUS PAGES (If any)		\$2,436.00	
	22. GRAND TOTAL			
	23. LESS ESTIMATED UNEXPENDED FUNDS (Carryover)			
	24. NET ADDITIONAL FUNDS REQUESTED FROM OEO (Item 22 minus 23)		\$2,436.00	

CERTIFICATION

25. THIS APPLICATION HAS BEEN (Check "a" or "b" as appropriate.) A. <input type="checkbox"/> Approved by the applicant's governing board. B. <input type="checkbox"/> Reviewed by the applicant's administering board and approved by its governing officials.				A copy of this application has been forwarded to the State Governor's office. It is understood and agreed by the undersigned that any grant received as a result of this application will be subject to the general conditions governing CAP grants.					
26. NAME AND TITLE OF PRINCIPAL GOVERNING OFFICIAL OR PRINCIPAL OFFICER OF GOVERNING BOARD I.C. Wiley, Executive Director				27. SIGNATURE <i>I.C. Wiley</i>		28. DATE Nov 5, 1975		29. DATE OF BOARD APPROVAL	

AGENCY: Darlington County Community Action Agency
 GRANT NUMBER:
 PROGRAM AREA:
 DATE BOARD APPROVES:
 SIGNATURE OF CHAIRMAN:

1 YEAR PLAN
 PROJECT DESIGN OUTLINE
 GAP A/5

PROJECT OBJECTIVES: To reduce the use of energy consumption through winterization of homes for elderly residents.

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS							
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESULTS				
				OPER RSLT	BENE RSLT						
Weatherizing homes for rural poor and elderly families. Temporary plastic storm windows and wooden storm doors. Banking around the foundations with polyethylene plastic sheeting. Caulking and weatherstripping of windows, doors, and wall cracks. Wall insulation and replacement of wall, if not too expensive. Stockpile of fuel such as wood, coal, fuel oil for emergency issue.						This program will be a cooperative inter, intra, agency effort. The Neighborhood Service System, Senior Opportunities and Services, the Department of Social Services, and other interested individuals will serve as referral sources to identify emergency and most severe problems in providing adequate heat for their homes and other problems that occurred as a result of our energy crisis. Hot line will serve as our referral agency on weekends.	Winterizing				
							maximum number				
							of homes for				
							the poor and				
							elderly.				

DARLINGTON COUNTY COMMUNITY ACTION AGENCY

OPERATION ANTI-FREEZE II

12/75 - 04/76

The Darlington County Community Action Agency is the primary vendor of the allocated grant according to CSA instructions 6143-1.

The Commission on Aging, Ms. Jane Davis, Director will, through her personnel be responsible for the recruitment of eligible clients, and shall determine approval or disapproval based on the COA review of those proposed applications for Project Anti-Freeze II.

The Darlington County Community Action Agency will then, therefore, inspect the dwellings of COA approved clients to best determine each client's needs assessment as pertains to winterization.

Such goals will be established to conserve energy by the increasing of thermal efficiency of eligible client dwellings. In addition such home repairs designed to reduce heat loss, i.e.; repairing of broken windows, patching of roofs and walls, and caulking of cracks and joints to reduce or prevent infiltration; insulating of attic, floors, walls, weather-stripping of doors and windows, and foundation banking; the lessening of infiltration problems may necessitate such measures as replacement of heating sources, replacement of furnace filters, minor adjustments and repair of heating systems or replacement of dangerous heating sources to assure that health hazards are not created due to mal-functioning heating sources.

Emphasis will be placed where possible toward applying these funds for materials in the way of permanent doors, windows, roofing and carpentry work, in order that these proposed repairs will benefit the elderly in winterized homes for years to come.

BUDGET EXPLANATION

We estimated from our experience of Anti-Freeze I of last year that the average budget as per client will average around \$100.00 per client dwelling.

We anticipated from this history and the local COA personnel that we will be able to service approximately 35 clients with funds budgeted for Anti-Freeze II.

A total sum of \$3061 has been approved for the Darlington County Community Action Agency Anti-Freeze II program. This includes \$625 local match which will be furnished out of the 1 mill county tax levy awarded this agency by the Darlington County Commission.

CAA Allocation	\$2436	
Local Match	625	
Total		\$3061

Allowing for COA approval of approximately 35 homes in Darlington County for winterization under Project Anti-Freeze II will approximate the following:

\$3061 divided by 35 = \$88.50
per client

DARLINGTON COUNTY COMMUNITY ACTION AGENCY

<u>Qu</u> <u>ntity</u>	<u>ITEM</u>	<u>UNIT</u>	<u>TOTAL</u>
10	9 X 12 Rugs	\$21.95	\$ 219.50
1	12 X 12 Rugs	29.95	299.50
1500 Square'	3' wide mil polyethelene	2 rolls	30.00
1643 lineal'	3/4" scheen molding	7¢ ft.	115.00
5	4 d. box nails	40	20.00
7	tubes caulking	1.49 tube	104.30
20	storm doors	39.95	799.00
3	units of weatherstripping	3.30	115.50
2	rolls 90 lb. roofing	9.25 roll	185.00
10 gal.	roof cement	2.25 gal.	22.50
15	x X 12 X 12 wolmanized lumber	3.60	54.00
5 lb.	16 d. box nails	.40 lb.	20.00
5	exterior door units	39.95	199.75
5	exterior door locks	8.45	42.25
2	1 X 4 T&G boards	.75	15.00
10	8 X 8 X 16 blocks (concrete)	.43	43.00
5 bags	Sakrete sand mix	2.70 bag	13.50
pieces	3/8 C.D. plywood 4' X 8'	5.25 sheet	26.25
40 lineal ft.	1 X 6 T&G board	.22 feet	88.00
200 lineal ft.	2 X 6 SYP	.22 feet	44.00
	glass panes of miscellaneous sizes		93.15
	window sashes	6.00 sash	48.00
50 lb.	7/8" roof nails	5.55 lb.	27.50
			<u>\$2,644.70</u>

4% tax	110.20
TOTAL OF MATERIAL	<u>\$2,754.90</u>
10% fuel	
emergency	106.10
	<u>\$3,061.00</u>

OFFICE OF ECONOMIC OPPORTUNITY - APPLICATION FOR COMMUNITY ACTION PROGRAM
SUMMARY OF WORK PROGRAMS AND BUDGET (Please type or print clearly. See instructions on reverse.) (OCO Instruction 6710-1)

(FOR OEO USE) DATE RECEIVED

Reserved for
OVB approval

1. NAME OF APPLICANT AGENCY Dillon and Marion Counties Human Resources Development Commission	2. NAME OF EXECUTIVE DIRECTOR Blakely H. McIntyre, Jr.	3. PHONE (Include area code) 803-423-6711	4. PROGRAM YEAR FROM 12/1/74 TO 11/30/76	5. GRANTEE NO. 40605
---	---	--	---	-------------------------

6. STREET ADDRESS 209 Railroad Avenue P. O. Box 680	7. CITY Marion	8. STATE S. C.	9. ZIP CODE 29565	10. PLAN YEAR <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
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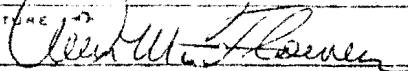
11. PROJECT TITLE AND STATEMENT OF ONE-YEAR GOALS	12. PRIORITY	13. ACTIVITIES REQUIRED TO ACHIEVE GOAL	14. TIME TABLE PROGRAM YEAR QTR.				15. TRAINING AND TECHNICAL ASSISTANCE REQUIRED	16. PA	17. OEO FUNDS	18. NO. MOS.	19. OTHER RESOURCES AVAILABLE (Specify amount and source)
			1ST	2ND	3RD	4TH					
<u>Senior Citizens Housewarming:</u> To winterize the homes of 50 Senior Citizen Families. <u>Fuel For Families:</u> To provide fuel on an emergency basis for 83 families. Education of Families as to how to conserve energy and tips on how to make the most of their fuel.		<u>I. Orientation of Staff.</u> 1. Assignment of Staff from present staff of Human Resources Development Commission. 2. Orientation of Staff to all phases of work program execution, goals and guidelines. <u>II. Program Establishment, Operation and Participation.</u> 1. Meet with Council on Aging to coordinate their phase of Program.							\$4113.00		\$919 Local

20. AID TO MINORITY ENTERPRISES	21. TOTALS CARRIED FORWARD FROM PREVIOUS PAGES (If any)		
	22. GRAND TOTAL	4113.00	919
	23. LESS ESTIMATED UNEXPENDED FUNDS (Carryover)		
	24. NET ADDITIONAL FUNDS REQUESTED FROM OEO (Item 22 minus 23)		

CERTIFICATION

25. THIS APPLICATION HAS BEEN (Check "a" or "b" as appropriate.)
 A. ☐ Approved by the applicant's governing board.
 B. ☐ Reviewed by the applicant's administering board and approved by its governing officials.

A copy of this application has been forwarded to the State Governor's office. It is understood and agreed by the undersigned that any grant received as a result of this application will be subject to the general condition governing CAP grants.

26. NAME AND TITLE OF PRINCIPAL GOVERNING OFFICIAL OR PRINCIPAL OFFICER OF GOVERNING BOARD Allen M. Flowers, Chairman	27. SIGNATURE 	28. DATE 10/31/75	29. DATE OF BOARD APPROVAL
--	--	----------------------	----------------------------

SUMMARY OF WORK PROGRAMS AND BUDGET - Continuation Sheet

Reserved for
ONB Approval

NAME OF APPLICANT AGENCY

PLAN YEAR

DATE SUBMITTED

GRANTEE NO.

Human Resources Development Commission, Dillon & Marion Cos.

☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

10/31/75

40605

PROJECT TITLE AND
STATEMENT OF
ONE-YEAR GOALSPRIOR-
ITY

ACTIVITIES REQUIRED TO ACHIEVE GOAL

TIME TABLE
PROGRAM YEAR QTR.TRAINING AND TECHNICAL
ASSISTANCE REQUIRED

PA

OEO FUNDS

NO.
WOSOTHER RESOURCES
AVAILABLE
(Specify amount
and source)

2. Meet with Dept. of Social Service Agencies and other social service agencies to coordinate their resources and manpower with program and to advise them of final guidelines.

3. Release to all news media to inform public of program and to solicit volunteers and resources.

4. Install through use of staff and volunteers, plastic insulation over windows and doors of approximately 50 homes of Senior Citizens in each County.

5. Make emergency grants for fuel to approximately 83 homes at an average cost of \$5.00 per home.

6. Carry out an educational program for recipients on pertinent energy crisis information, preventative measures and how to cope with energy shortage.

SUMMARY OF WORK PROGRAMS AND BUDGET - Continuation Sheet

Reserved for
OMB Approval

NAME OF APPLICANT AGENCY

PLAN YEAR

DATE SUBMITTED

GRANTEE NO.

Human Resources Development Commission of Dillon & Marion Cos. ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

10/31/75

40605

PROJECT TITLE AND
STATEMENT OF
ONE-YEAR GOALSPRIOR-
ITY

ACTIVITIES REQUIRED TO ACHIEVE GOAL

TIME TABLE
PROGRAM YEAR QTR.TRAINING AND TECHNICAL
ASSISTANCE REQUIRED

PA

OEO FUNDS

NO.
MOS.OTHER RESOURCES
AVAILABLE
(Specify amount
and source)

7. Follow up on 133 homes.

III. Evaluation

1. Staff to meet bi-weekly to discuss problems.

2. Staff to submit monthly and quarterly progress reports.

3. Adjustments in goals and program made if necessary.

IV. Resident Participation

1. Solicitation of ideas from recipients at group meetings.

V. Reporting

1. Family and personal profiles maintained.

2. Monthly reports and news releases.

3. Community and Program data compiled monthly and quarterly.

VI. Volunteer Services

1. Solicitation of volun-

TOTAL THIS PAGE

SUMMARY OF WORK PROGRAMS AND BUDGET - Continuation Sheet

Reserved for
OMB Approval

NAME OF APPLICANT AGENCY

Human Resources Development Commission of Dillon & Marion Cos.

PLAN YEAR 3 ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

DATE SUBMITTED

10/31/75

GRANTEE NO.

40605

PROJECT TITLE AND
STATEMENT OF
ONE-YEAR GOALSPRIOR-
ITY

ACTIVITIES REQUIRED TO ACHIEVE GOAL

TIME TABLE
PROGRAM YEAR QTR.

1ST 2ND 3RD 4TH

TRAINING AND TECHNICAL
ASSISTANCE REQUIRED

PA

GEO FUNDS

NO.
MOS.OTHER RESOURCES
AVAILABLE
(Specify amount
and source)

teer services

2. Coordination of volunteer
services with council on ag-
ing and other social services.

TOTAL THIS PAGE

Human Resources Development Commission

NUMBER: 40605

AREA: Dillon and Marion Counties

BOARD APPROVES:

SIGNATURE OF CHAIRMAN:

Allen H. Brown

1 YEAR PLAN

PROJECT DESIGN OUTLINE

GAP A/5

PROJECT OBJECTIVES: Senior Citizens

Housewarming: To winterize the homes of 50

Senior Citizen families. Fuel for Families: To

provide fuel on an emergency basis for 83 families

Education of families as to how to conserve energy

and tips on how to make the most of their fuel.

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS									
	BEGIN	END		CHECK-OFF		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESULTS						
				OPER RSLT	BENE RSLT								
I. <u>Orientation of Staff.</u>													
1. Assignment of staff from present staff of Human Resources Development Commission.	1-1-76	1-12-76	Dir. of Operations	X									
2. Orientation of staff to all phases of work program execution, goals and guidelines.	1-1-76	1-10-76	Ex. Dir.,	X									
II. <u>Program Establishment, Operation and Participation.</u>													
1. Meet with council on aging to coordinate their phase of program.	1-1-76	1-10-76	Ex. Dir.	X									
2. Meet with Dept. of Social Service Agencies and other Social Service Agencies to corrdinate their resources and manpower with program and to advise them of final guidelines.	1-1-76	1-10-76	Ex. Dir.	X									

BY: Human Resources Dev. Com.
 NUMBER: 40605
 PLAN AREA: Dillon and Marion Counties
 BOARD APPROVES:
 SIGNATURE OF CHAIRMAN:

1 YEAR PLAN
 PROJECT DESIGN OUTLINE
 GAP A/5

PROJECT OBJECTIVES:

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS								
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESULT					
				OPER RSLT	BENE RSLT							
3. Release to all news media to inform public of program and to solicit volunteers and resources.	1-1-76	3-31-76	Dir. of Inf.	X								
4. Install through use of staff and volunteers, plastic insulation over windows and doors of approximately 50 homes of Senior Citizens in each county.	1-10-76	3-31-76	Housing Dev.		X					150	50	

Y: Human Resources Development Commission

NUMBER: 40605

AN AREA: Dillon and Marion Counties

BOARD APPROVES:

SIGNATURE OF CHAIRMAN:

1 YEAR PLAN

PROJECT OBJECTIVES:

PROJECT DESIGN OUTLINE

GAP A/5

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS							
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESULTS				
				OPER RSLT	BENE RSLT						
5. Make emergency grants for fuel to approximately 83 homes at an average cost of \$5.00 per home.	1-10-76	3-31-76	Senior OR		X			63	20		
6. Carry out an educational program for recipients on pertinent energy crisis information, preventative measures and how to cope with energy shortage.	1-10-76	3-31-76	Senior OR Outreach	X							
7. Follow-up on 133 homes.	2-1-76	3-31-76	Outreach		X			30	103		
III. Evaluation											
1. Staff to meet bi-weekly to discuss problems.	1-1-76	3-31-76	Dir. of Operations	X							
2. Staff to submit monthly & quarterly progress reports.	1-31-76	3-31-76	Dir. of Operations	X							
3. Adjustment in goals and program made if necessary	1-31-76	3-31-76	Ex. Direc.	X							

A. CY: m. Res cel eve mer lom sid
 GRANT NUMBER: 40605
 PROGRAM AREA: Dillon and Marion Counties
 DATE BOARD APPROVES:
 SIGNATURE OF CHAIRMAN:

PROJECT DESIGN OUTLINE

GAP A/5

Y:
 NUMBER:
 AM AREA:
 BOARD APPROVES:
 SIGNATURE OF CHAIRMAN:

1 YEAR PLAN

PROJECT OBJECTIVES:

PROJECT DESIGN OUTLINE

GAP A/5

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS								
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESULTS					
				OPER RSLT	BENE RSLT							
IV. <u>Resident Participation</u>												
1. Solicitation of ideas from recipients at group meetings.	1-10-76	3-31-76	Sen. O/R		X							
V. <u>Reporting</u>												
1. Family and personal profiles maintained.	1-10-76	3-31-76	Outreach and Clerks	X								

Y: Human Resources Dev. Com.

NUMBER: 40605

BOARD APPROVES: Dillon and Marion Counties

SIGNATURE OF CHAIRMAN:

1 YEAR PLAN

PROJECT OBJECTIVES:

PROJECT DESIGN OUTLINE

GAP A/5

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS									
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESULTS						
				OPER RSLT	BENE RSLT								
2. Monthly reports and news releases.	1-10-76	3-31-76	Sup. and Dir. of Information	X									
3. Community and Program Data compiled monthly and quarterly	1-10-76	3-31-76	Dir. of Oper.	X									
VI. <u>Volunteer Services.</u>													
1. Solicitation of Volunteer Services.	1-10-76	3-31-76	Entire Staff	X									
2. Coordination of Volunteer services with council on aging.	1-1-76	3-31-76	Dir. of Oper.	X									

GRANTEE: HUMAN RESOURCES DEVELOPMENT COMMISSION

DATE: 11/3/75

COUNTY ALLOCATION		TOTAL GRANTEE ALLOCATION:
1. <u>\$2,073-Dillon</u>	<u> </u>	<u>\$ 5,032.00</u>
2. <u>\$2,040-Marion</u>	<u> </u>	\$4,113.00-OEO
3. <u> </u>	<u> </u>	919.00-In-Kind
		Volunteer 400 hours at \$2.30 per hour: \$919.00
PERSONNEL COST	Salaries	
	Fringe Benefits	-0-
	Sub-Total	\$919.00
NON PERSONNEL COSTS:		
Insulation for 50 homes at \$75 per home		\$3,700.00
Emergency fuel grants for 83 homes		\$413.00
Sub-Total:		\$4,113.00
TOTAL:		\$5,032.00

(ADD ADDITIONAL SHEETS IF NECESSARY.)

OFFICE OF ECONOMIC OPPORTUNITY - APPLICATION FOR COMMUNITY ACTION PROGRAM
SUMMARY OF WORK PROGRAMS AND BUDGET (Please type or print clearly. See instructions on reverse.) (OEO Instruction 6710-1)

(FOR OEO USE) DATE RECEIVED

Reserved for
OMB approval

NAME OF APPLICANT AGENCY FLORENCE COUNTY CAA				3. NAME OF EXECUTIVE DIRECTOR Mr. A.A. Huggins		3. PHONE (Include area code) 803-662-2579		4. PROGRAM YEAR FROM 12-1-75 TO 5-30-76		5. GRANTEE 40589	
6. STREET ADDRESS 727 S. Dargan St.		7. CITY Florence		8. STATE S.C.		9. ZIP CODE 29501		10. PLAN YEAR <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			

PROJECT TITLE AND STATEMENT OF ONE-YEAR GOALS	12. PRIOR- ITY	13. ACTIVITIES REQUIRED TO ACHIEVE GOAL	14. TIME TABLE PROGRAM YEAR QTR.				15. TRAINING AND TECHNICAL ASSISTANCE REQUIRED	16. PA	17. OEO FUNDS	18. NO. MOB.	19. OTHER RE- AVAIL (Specify and amount)
			1ST	2ND	3RD	4TH					
To winterize 33 homes and provide emer- gency fuel for 100 poor residents of the county	5	<p>A. Organize an Energy Conservation Group</p> <p>B. Receive referrals for DSS Council on Aging, Clemson Extension Services Church, etc...</p> <p>C. Advertise our Pro- gram</p> <p>D. Purchase fuel</p> <p>E. Purchase material for repair of homes</p>						05	\$2,880.00	6	\$958.00
									320.00		

AID TO MINORITY ENTERPRISES	21. TOTALS CARRIED FORWARD FROM PREVIOUS PAGES (If any)	\$3,200.00	\$958.00
	22. GRAND TOTAL	3,200.00	958.00
	23. LESS ESTIMATED UNEXPENDED FUNDS (Carryover)		
	24. NET ADDITIONAL FUNDS REQUESTED FROM OEO (Item 22 minus 23)	\$3,200.00	\$958.00

THIS APPLICATION HAS BEEN (Check "a" or "b" as appropriate.)			
A. <input checked="" type="checkbox"/> Approved by the applicant's governing board.		B. <input type="checkbox"/> Reviewed by the applicant's administering board and approved by its governing officials.	
A copy of this application has been forwarded to the State Governor's office. It is understood and agreed by the undersigned that any grant received as a result of this application will be subject to the general conditions governing CAP grants.			
NAME AND TITLE OF PRINCIPAL GOVERNING OFFICIAL OR PRINCIPAL OFFICER OF GOVERNING BOARD		27. SIGNATURE <i>A. A. Huggins</i>	28. DATE <i>1/17/76</i>
		29. DATE OF BOARD APPROVAL <i>2/2/76</i>	

OFFICE OF ECONOMIC OPPORTUNITY - APPLICATION FOR COMMUNITY ACTION PROGRAM
SUMMARY OF WORK PROGRAMS AND BUDGET (Please type or print clearly. See instructions on reverse.) (OCO Instruction 6710-1)

(FOR OEO USE) DATE RECEIVED

Reserved for
OMB approval

1. NAME OF APPLICANT AGENCY FLORENCE COUNTY CAA				2. NAME OF EXECUTIVE DIRECTOR Mr. A. A. Huggins		3. PHONE (Include area code) 803-662-2579		4. PROGRAM YEAR FROM 12-1-75 TO 5-30-76		5. GRANTEE NO. 40589	
---	--	--	--	---	--	---	--	--	--	--------------------------------	--

6. STREET ADDRESS 727 S. Dargan St.		7. CITY Florence		8. STATE S.C.		9. ZIP CODE 29501		10. PLAN YEAR <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
---	--	----------------------------	--	-------------------------	--	-----------------------------	--	--	--	--	--

11. PROJECT TITLE AND STATEMENT OF ONE-YEAR GOALS	12. PRIORITY	13. ACTIVITIES REQUIRED TO ACHIEVE GOAL	14. TIME TABLE PROGRAM YEAR QTR.				15. TRAINING AND TECHNICAL ASSISTANCE REQUIRED	16. PA	17. OEO FUNDS	18. NO. MOD.	19. OTHER RESOURCES AVAILABLE (Specify amount and source)	
			1ST	2ND	3RD	4TH						
		F. Repair Homes										
		G. Emergency Distribution										
		H. Evaluation										

AID TO MINORITY ENTERPRISES	21. TOTALS CARRIED FORWARD FROM PREVIOUS PAGES (If any)	\$3,200	\$958.00
	22. GRAND TOTAL	3,200	958.00
	23. LESS ESTIMATED UNEXPENDED FUNDS (Carryover)		
	24. NET ADDITIONAL FUNDS REQUESTED FROM OEO (Item 22 minus 23)	\$3,200	\$958.00

CERTIFICATION			
THIS APPLICATION HAS BEEN (Check "a" or "b" as appropriate.)		A copy of this application has been forwarded to the State Governor's office. It is understood and agreed by the undersigned that any grant received as a result of this application will be subject to the general conditions governing CAP grants.	
a. <input checked="" type="checkbox"/> Approved by the applicant's governing board.		b. <input type="checkbox"/> Reviewed by the applicant's administering board and approved by its governing officials.	
NAME AND TITLE OF PRINCIPAL GOVERNING OFFICIAL OR PRINCIPAL OFFICER OF GOVERNING BOARD		25. SIGNATURE	26. DATE
			27. DATE OF BOARD APPROVAL

Agency: FLORENCE COUNTY CAA

GRANT NUMBER: 40589

Program Number #05

ENERGY CONSERVATION

1 YEAR PLAN

PROJECT DESIGN OUTLINE

GAP A/5

MAJOR ACTIVITIES WITH SUB-STEPS	SCHEDULE 75		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS							
	Begin	End		CHECK ONE	DESCRIPTION (IF NECESSARY)	Planned Qtly. Prd					
				Oper Rslt		Bene Rslt	1	2	3	4	
To winterize 33 homes and provide emergency fuel for 100 residents of the county											
A. Organize an Energy Conservation Group	11-3-75	11-7 76	C&A	X							
B. Receive referrals from DSS Council on Aging, Clemson Extension Services Church, etc...	10-10-75	4-13 76	NSS	X							
C. Advertise our Program	10-10-75	4-13 76	C&A	X							
D. Purchase Fuel	11-10-75	4-13 76	C&A		X						
E. Purchase material for repair of homes	11-10-75	4-30 76	CMP		X						
F. Repair Homes	11-10-75	4-30 76	CMP		X			20			13
G. Emergency fuel Distribution			C&A					30	10		15
H. Evaluation			BOD								

PROJECT BUDGET

G TEE: 40589
PROJECT GOAL

(1)

DATES COVERED BY THIS BUDGET: 12-1-75 4-31-76
BEGIN END

COST CATEGORY	CSA FUNDS	NON-FEDERAL	OTHER FUNDS	TOTALS
PERSONNEL COSTS				
SALARIES AND WAGES	0	0	0	0
FRINGE BENEFITS				
SUB-TOTALS	0	0	0	0
NON-PERSONNEL COSTS				
Materials for Repair homes	\$2,880.00	\$450.00		\$3,330.00
Emergency Fuel Purchase	320.00			320.00
Technical Assistance		500.00		500.00
SUB-TOTALS	\$3,200.00	\$950.00		\$4,150.00
TOTALS	\$3,200.00	\$950.00		\$4,150.00

BUDGET COMMENTS:

OFFICE OF ECONOMIC OPPORTUNITY - APPLICATION FOR COMMUNITY ACTION PROGRAM
SUMMARY OF WORK PROGRAMS AND BUDGET (Please type or print clearly. See instructions on reverse) (OEO Instruction 6710-1)

(FOR OEO USE) DATE RECEIVED

Reserved for
OMB approval

NAME OF APPLICANT AGENCY

Greenville County Council for Community Actions, Inc.

2. NAME OF EXECUTIVE DIRECTOR

John M. Sawyer

3. PHONE (Include area code)

803 242-3712

4. PROGRAM YEAR

FROM

TO

5. GRANTEE NO.

40590

LET ADDRESS

P.O. Box 10204,
Federal Station

7. CITY

Greenville

8. STATE

S.C.

9. ZIP CODE

29603

10. PLAN YEAR

☒ 1

☐ 2

☐ 3

☐ 4

☐ 5

PROJECT TITLE AND
STATEMENT OF
ONE-YEAR GOALS

12. PRIOR-
ITY

13. ACTIVITIES REQUIRED TO ACHIEVE GOAL

14. TIME TABLE
PROGRAM YEAR QTR.

1ST

2ND

3RD

4TH

15. TRAINING AND TECHNICAL
ASSISTANCE REQUIRED

16. PA

17. OEO FUNDS

18. NO.
MOS.

19. OTHER RESOURCES
AVAILABLE
(Specify amount
and source)

OPERATION ANTI FREEZE

To provide assist-
ance in the area
of energy to 1500
low-income indi-
viduals through
the winterization
of homes and the
provision of emer-
gency assistance
during crisis sit-
uations.

1.0 Stockpile and distribute
fuel oil, coal, wood, blankets
etc.
2.0 Winterize homes of income
eligibles.
3.0 Provide information about
energy conservation.
4.0 Mediate utility cut-offs
through coordination with other
local social service agencies.

7,080

2,646
In-Kind

D TO MINORITY ENTERPRISES

21. TOTALS CARRIED FORWARD FROM PREVIOUS PAGES (If any)

22. GRAND TOTAL

9,726

23. LESS ESTIMATED UNEXPENDED FUNDS (Carryover)

24. NET ADDITIONAL FUNDS REQUESTED FROM OEO (Item 22 minus 23)

CERTIFICATION

THIS APPLICATION HAS BEEN (Check "a" or "b" as appropriate.)

A. ☐ Approved by the applicant's
governing board.

B. ☐ Reviewed by the applicant's administering
board and approved by its governing officials.

A copy of this application has been forwarded to the State Governor's office. It is understood and
agreed by the undersigned that any grant received as a result of this application will be subject to
the general conditions governing CAP grants.

NAME AND TITLE OF PRINCIPAL GOVERNING OFFICIAL OR PRINCIPAL OFFICER OF GOVERNING BOARD

27. SIGNATURE

28. DATE

29. DATE OF BOARD AP-
PROVAL

City: Greenville County Council for Community Actions, Inc.

IT NUMBER: 40590

PROGRAM AREA: Energy

BOARD APPROVES:

SIGNATURE OF CHAIRMAN:

1 YEAR PLAN

PROJECT DESIGN OUTLINE

GAP A/5

PROJECT OBJECTIVES: To provide assistance in the area of energy to 1500 low-income individuals through the winterization homes and the provision of emergency assistance during crisis situations.

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS								
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESULT					
				OPER RSLT	BONE RSLT							
1.0 Stockpile and distribute fuel oil, blankets, coal, wood, warm clothing etc.			Director of Emergency Services	x								
1.1 Contact vendors for purchase of above-mentioned materials.			Director of Emergency Services		x							
1.2 Purchase materials needed.			" " " "		x							
1.3 Solicit contributions of materials such as blankets, warm clothing, fuel oil, coal, wood etc. from concerned citizens and local merchants.			Director of Emergency Services Team Members	x								
1.4 Advertise program through the media.			Director of Development Teams		x							
1.5 Receive referrals through Team members, social service agencies etc.			Team Members	x								
1.6 Screen clients to determine eligibility.			Director of Emergency Services	x								
1.7 Distribute materials to eligible clients.			Team Members		x							
1.8 Maintain appropriate records.			Director of Emergency Services	x								

Greenville County Council for Community Actions, Inc.

NUMBER: 40590

AREA: Energy

AND APPROVES:

SIGNATURE OF CHAIRMAN:

1 YEAR PLAN

PROJECT OBJECTIVES:

PROJECT DESIGN OUTLINE

GAP A/5

MAJOR ACTIVITIES, : WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS						
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESU			
				OPER RSLT	BENE RSLT					
2.0 Winterize homes of income eligibles.			Carpenter		ox					
2.1 Advertise program through the media.			Director of Project HOME	x						
2.2 Receive referrals from Team members, other social service agencies.			Team Members	x						
2.3 Screen clients to determine income eligib- ility.			Director of Emergency Ser.	ox						
2.4 Make work estimate on home to be winteriz- ed, determine repairs needed and cost.			Carpenter	x						
2.5 If rental property, obtain owner's per- mission to make needed repairs.			Director of Project HOME	x						
2.6 Purchase materials as needed.			Carpenter	ox						
2.7 Make needed repairs on home..			Carpenter		x					
2.8 Maintain necessary report forms..			Director of Project HOME	ox						
2.9 Evaluate program through "Work Completion Form."			" " "	x						

Greenville County Council for Community Actions, Inc.

BER: 40590

REA: Energy

D APPROVES:

SIGNATURE OF CHAIRMAN:

1 YEAR PLAN

PROJECT OBJECTIVES:

PROJECT DESIGN OUTLINE

GAP A/5

MAJOR ACTIVITIES, . . WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT,	PLANNED RESULTS						
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESULTS			
				OPER RSLT	BENE RSLT					
3.0 Provide information about energy conser- vation.			Team Members		x					
3.1 Order booklets about energy conservation.			Director HOME Dir. of Emerg. Planner	x						
3.2 Distribute booklets to each individual receiving emergency assistance or winter- ization services.			Director HOME Dir. Emerg. Services	x						
3.3 Distribute booklets in target area com- munities.			Team Members	x						
3.4 Display booklets in office for clients.			Executive Sec- rtary	x						

Greenville County Council for Community Actions, Inc.

NUMBER: 40590

AREA: Energy

AD APPROVES:

SIGNATURE OF CHAIRMAN:

1 YEAR PLAN

PROJECT DESIGN OUTLINE

GAP A/5

PROJECT OBJECTIVES:

MAJOR ACTIVITIES, : WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS					
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESULTS		
				OPER RSLT	GENE RSLT				
4.0 Mediate utility cut-offs through coordin- ation with other agencies.			Dir. of Emerg. Services,		x				
4.1 Receive referrals through Team Members, other local social service agnecies.			Dir. Dev. Teams Director of Emerg. Services	x					
4.2 Determine if mediation necessary.			" " " " "	x					
4.3 Work with other agencies to pay utility bill.			Director of Emerg. Services, Director of Dev. Teams		x				
					x				

BUDGET

ALLOCATION PER COUNTY

	FEDERAL	NON_FEDERAL	TOTAL
Greenville	4,178	1,383	5,561
Anderson	1,527	664	2,191
Oconee	638	278	916
Pickens	737	321	1,058
TOTAL	7,080	2,646	9,726

COST ALLOCATION

Winterization Materials	6,372	
Emergency Assistance (Mediation of utility cut-offs, fuel oil, blankets, coal etc.)	708	
Non-Federal Contributions (warm clothing, blankets, fuel oil, coal, wood etc.)	2,646	(Donations)
Total Federal Budget	7,080	
Total Non-Federal Contributions	2,646	
Total Budget	9,726	

Winterization Materials	90%
Emergency Assistance	10%

OFFICE OF ECONOMIC OPPORTUNITIES PPLI FOR UNITY ON PR
 SUMMARY OF WORK PROGRAMS AND BUDGET (Please type or print clearly) (See instructions on reverse.) (OEO Instruction 6710-1)

(For OEO USE ONLY) (See instructions on reverse.) (See instructions on reverse.)

1. NAME OF APPLICANT AGENCY Greenwood, Laurens, Edgefield, Abbeville McCormick, Saluda Community Actions, Inc.				2. NAME OF EXECUTIVE DIRECTOR W. A. Pruitt		3. PHONE (Include area code) 803-223-8434		4. PROGRAM YEAR FROM 4/1/75 TO 3/31/75		5. GRANTEE NO. 40592	
6. STREET ADDRESS P. O. Box 707		7. CITY Greenwood		8. STATE S. C.		9. ZIP CODE 29646		10. PLAN YEAR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			

11. PROJECT TITLE AND STATEMENT OF ONE-YEAR GOALS	12. PRIORITY	13. ACTIVITIES REQUIRED TO ACHIEVE GOAL	14. TIME TABLE PROGRAM YEAR QTR.				15. TRAINING AND TECHNICAL ASSISTANCE REQUIRED	16. PA	17. OEO FUNDS	18. NO. MOS.	19. OTHER RESOURCES AVAILABLE (Specify amount and source)
			1ST	2ND	3RD	4TH					
winterize 75 homes for the elderly and disadvantaged in the six-county area.	5	Inform Residents of Program Select Participants Materials and Supplies for Winterization Office Supplies Telephone Utilities Travel Fuel			X	X		05	\$9,270 1,030	4	

20. AID TO MINORITY ENTERPRISES	21. TOTALS CARRIED FORWARD FROM PREVIOUS PAGES (If any)		
	22. GRAND TOTAL	10,300	
	23. LESS ESTIMATED UNEXPENDED FUNDS (Carryover)	none	
	24. NET ADDITIONAL FUNDS REQUESTED FROM OEO (Item 22 minus 23)	10,300	

25. THIS APPLICATION HAS BEEN (Check "a" or "b" as appropriate.)			A copy of this application has been forwarded to the State Governor's office. It is understood and agreed by the undersigned that any grant received as a result of this application will be subject to the general conditions governing CAP grants.
A. <input checked="" type="checkbox"/> Approved by the applicant's governing board. B. <input type="checkbox"/> Reviewed by the applicant's administering board and approved by its governing officials.			
26. NAME AND TITLE OF PRINCIPAL GOVERNING OFFICIAL OR PRINCIPAL OFFICER OF GOVERNING BOARD James A. Bowers, Chairman		27. SIGNATURE <i>James A. Bowers</i>	28. DATE 11/3/75
		29. DATE OF BOARD APPROVAL 10/28/75	

OFFICE OF ECONOMIC OPPORTUNITY - APPLICATION FOR COMMUNITY (ON PROGRAM)
SUMMARY OF WORK PROGRAMS AND BUDGET (Please type or print clearly. See instructions on reverse.) (OEO Instruction 6710-1)

(FOR OEO USE) DATE RECEIVED

Reserved for OMB approval

1. NAME OF APPLICANT AGENCY LOWCOUNTRY COMMUNITY ACTION AGENCY, INC.				2. NAME OF EXECUTIVE DIRECTOR Ms. Naomi Jones		3. PHONE (Include area code) 803-549-5576		4. PROGRAM YEAR FROM 1/1/76 TO 12/21/76		5. GRANT F.O. 40032	
6. STREET ADDRESS 120 Benson Street		7. CITY Walterboro		8. STATE S.C.		9. ZIP CODE 29488		10. PLAN YEAR <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			

11. PROJECT TITLE AND STATEMENT OF ONE-YEAR GOALS	12. PRIORITY	13. ACTIVITIES REQUIRED TO ACHIEVE GOAL	14. TIME TABLE PROGRAM YEAR QTR.				15. TRAINING AND TECHNICAL ASSISTANCE REQUIRED	16. PA	17. OEO FUNDS	18. NO. MOS.	19. OTHER RESOURCES AVAILABLE (Specify amount and source)
			1ST	2ND	3RD	4TH					
Winterization Program To winterize at least 34 homes of individuals whose income is within CSA poverty guidelines (especially senior citizens) to provide more comfortable and healthy living conditions while at the same time, minimize the cost of fuel and electricity, especially to those individual(s) living on fixed incomes in Colleton and Hampton Counties.		1.0 Establish Program Advisory Committee and inform community about the program	X	X		X			\$3,468		\$639 (in kind)
		2.0 Analyze Community Needs	X	X							
		3.0 Identify and screen individuals/families who qualify for services	X	X							
		4.0 Inspect dwellings to determine what work is to be performed	X	X							
		5.0 Enter into contracts with vendors	X	X		X					
		6.0 Have necessary repair work done	X	X		X					
		7.0 Evaluate services, repairs, and program				X					
20. AID TO MINORITY ENTERPRISES			21. TOTALS CARRIED FORWARD FROM PREVIOUS PAGES (If any)					-0-		-0-	
			22. GRAND TOTAL					\$3,468		\$639	
			23. LESS ESTIMATED UNEXPENDED FUNDS (Carryover)					-0-		-0-	
			24. NET ADDITIONAL FUNDS REQUESTED FROM OEO (Item 22 minus 23)					\$3,468		\$639	

CERTIFICATION

26. THIS APPLICATION HAS BEEN (Check "a" or "b" as appropriate.) a. <input checked="" type="checkbox"/> Approved by the applicant's governing board. b. <input type="checkbox"/> Reviewed by the applicant's administering board and approved by its governing officials.			27. SIGNATURE <i>Rev. Louis E. Murphy</i>			28. DATE 11/2/75		29. DATE OF BOARD APPROVAL 11/3/75	
30. NAME AND TITLE OF PRINCIPAL GOVERNING OFFICIAL OR PRINCIPAL OFFICER OF GOVERNING BOARD Rev. Louis E. Murphy, Chairman									

A copy of this application has been forwarded to the State Government's office. It is understood and agreed by the undersigned that any grant received as a result of this application will be subject to the general conditions governing CAP grants.

AGENCY: Lowcountry Community Action Agency
 PROJECT NUMBER: 40032
 PROGRAM AREA:
 BOARD APPROVES:
 SIGNATURE OF CHAIRMAN:

1 YEAR PLAN

PROJECT DESIGN OUTLINE

GAP A/S

To winterize at least 34 homes of individuals whose income is within CSA poverty guide, especially senior citizens) to provide more comfortable and healthy living conditions; while at the same time minimize the cost of fuel and electricity, especially to those individual(s) living on fixed incomes in Colleton and Hampton Counties.

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS							
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESULTS				
				OPER RSLT	BENE RSLT						
<u>TERIZATION PROGRAM</u>											
<u>ESTABLISH PROGRAM ADVISORY COMMITTEE AND INFORM COMMUNITY ABOUT THE PROGRAM</u>	12/75	5/76	LCAA Board	X		9.0	Advisory Committee will be set up according to CSA Instruction 6.43-1, Para. 76.	X	X		X
Prepare and distribute Radio and T.V. announce- ments			Ex. Dir.	X		1.1	For use by all radio and T.V. stations through the C/H area.	X	X		
Prepare and distribute news-releases			Ex. Dir.	X		1.2	To be printed by all newspapers in the C/H area.	X	X		
Prepare and distribute announcements for group			Ex. Dir. Ex. Staff Trans. Coord.	X		1.3	For use in Churches, community meetings, P.T.A. Clubs, and other situations where groups of individuals from the target communities form.	X	X		
Prepare and distribute transportation schedules, when appropriate, for attendance at meetings						1.4	Whenever possible, set-up routes and time and place of pick-ups.	X	X		
<u>ANALYZE COMMUNITY NEEDS</u>	12/75	5/76									
Survey Community Needs			Housing Spec. Trans Coord.	X		2.1	Canvas via door-to-door surveys; and personal contact.	X	X		


NCY: Lowcountry Community Action Agency
NT NUMBER: 40032
GRAM AREA:
E BOARD APPROVES:
SIGNATURE OF CHAIRMAN: *RSM*

1 YEAR PLAN
PROJECT DESIGN OUTLINE

PROJECT OBJECTIVES:

GAP A/5

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS							
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESULTS				
				OPER RSLT	BENE RSLT						
Analyze available statistical data			Ex. Dir. Housing Spec.	X		2.2	Review census information and statistical data of county, state and local organizations: i.e., zoning commission; DSS; VA and FHA; and, local housing authority.	X	X		
Identify variables to consider when indicating which dwellings might need repairs.			Advisory			2.3	Set up a priority list.	X	X		
<u>IDENTIFY AND SCREEN INDIVIDUALS/FAMILIES WHO QUALIFY FOR SERVICES</u>	12/75	5/76	Adv. Comm. Ex. Dir. Housing Spec. Trans. Coord.	X		3.0	Have applications (use approved forms) filled out and reviewed by Advisory Committee; and, have owners fill out consent form.	X	X		
<u>INSPECT DWELLINGS TO DETERMINE WHAT WORK IS TO BE PERFORMED</u>	12/75	5/76	Housing Spec. Knowledgeable Volunteer	X		4.0	Enlist aide of FHA, VA, bank and/or construction specialist.	X	X		
List items for repair			Housing Spec. Knowledgeable Volunteer	X		4.1	Fill out work estimate form.	X	X		
Estimate cost.			Housing Spec. Knowledgeable Volunteer	X		4.2	Fill out work estimate form.	X	X		

AGENCY: Lowcountry Community Action Agency
 AGENCY NUMBER: 40032
 PROGRAM AREA:
 THE BOARD APPROVES:
 SIGNATURE OF CHAIRMAN: 

1 YEAR PLAN

PROJECT OBJECTIVES:

PROJECT DESIGN OUTLINE

GAP A/5

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED RESULTS			
	BEGIN	END		OPER RSLT	BENE RSLT		PLANNED QUARTERLY RESULTS			
3 Counsel with home owners			Housing Spec. Knowledgeable Volunteer	X		4.3 Determine extent to which they can either pay for part of the cost, do some of the work, or both.	X	X		
1 <u>ENTER INTO CONTRACTS WITH VENDORS</u>	12/75	5/76	LCAA Board Advisory Comm. Ex. Dir.	X		5.0 Sewer bids where necessary; and, have all work contracted bonded by contractor.	X	X		X
1 <u>HAVE NECESSARY REPAIR WORK DONE</u>	12/75	5/76								
1 Make sure vendor has copy of work estimate form			Housing Spec.	X		6.1 Any changes in work and/or costs should be agreed upon by all vested interests.	X	X		X
2 Start and conclude repair work			Vendor		X	6.2 Prior to final payment, corre- sponding work completion form has to be filled out by a vendor.	X	X		X
3 Repair work is to be inspected			Housing Spec. Knowledgeable Volunteer		X	6.3 Work completion form has to signed-off on prior to final payment.	X	X		X
1 Provide payment			Bookkeeper	X		6.4 In accordance with established agency payment procedures.	X	X		X

AGENCY: Lowcountry Community Action Agency
 PROJECT NUMBER: 40032
 PROGRAM AREA:
 STATE BOARD APPROVES:
 SIGNATURE OF CHAIRMAN: *[Signature]*

1 YEAR PLAN

PROJECT OBJECTIVES:

PROJECT DESIGN OUTLINE

GAP A/5

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS								
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESULTS					
				OPER RSLT	BENE RSLT							
0. <u>EVALUATION OF SERVICES, REPAIRS, AND PROGRAM</u>	12/75	5/76										
1 Analyze previous data in light of completed work			Ex. Dir. Housing Spec.	X		7.1 Analyze against services per- formed, and new data collected during program period.	X	X				
2 Evaluate actual cost versus projections			Ex. Dir. Housing Spec.	X		7.2 Self-explanatory.	X	X				
3 Evaluate actual heating and electrical cost savings versus projections			Ex. Dir. Housing Spec.	X		7.3 Self-explanatory.	X	X				
4 Provide 30-day repair follow-up inspection			Housing Spec. Knowledgeable Volunteer	X		7.4 Use work estimate and work completed forms as guides in conjunction with home visita- tion follow-up.	X	X				
5 Evaluate amount of energy conservation			Housing Spec. Knowledgeable Volunteer	X		7.5 Use specialists provided by power and other utility companies.	X	X				
6 Have fiscal audit performed			Bookkeeper Auditor			7.6 Have fiscal report on file.		X				
7 Provide program end evaluation on effectiveness			LCAA Board Advisory Comm. Ex. Dir.	X		7.7 In accordance with CSA format.		X				

Lowcountry Community Action Agency

120 Benson Street

Area Code 803
549-5576

Walterboro, South Carolina 29488

Noomi Jones
Executive Director

WINTERIZATION PROGRAM (1975-76)

Cost Break-down

1. Total Revenue for:
 - a. Colleton County
 - b. Hampton County

\$ 1,937
1,531

\$ 3,468

2. Total Expenditures for MATERIALS
 - a. Colleton County

15 1717

- b. Hampton County

15 1404

- c. EMERGENCY ASSISTANCE

347

3468

- d. INKIND ASSISTANCE

6039

17 4107

OFFICE OF ECONOMIC OPPORTUNITY - APPLICATION FOR COMMUNITY ACTION PROGRAM
SUMMARY OF WORK PROGRAMS AND BUDGET (Please type in print clearly. See instructions on reverse. (OEO Instruction 6710-1))

(FOR OEO USE) DATE RECEIVED

Reserved for
OUB approval

NAME OF APPLICANT AGENCY

Midlands Community Action Agency, Inc.

2. NAME OF EXECUTIVE DIRECTOR

Dewey Duckett, Jr.

3. PHONE (Include area code)

779-7250

4. PROGRAM YEAR

FROM 12/1/75

TO 6/30/76

5. GRANTEE NO.

40626

STREET ADDRESS

2000 Washington St.

7. CITY

Columbia,

8. STATE

S.C.

9. ZIP CODE

29204

10. PLAN YEAR

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

PROJECT TITLE AND
STATEMENT OF
ONE-YEAR GOALS

11. ACTIVITIES REQUIRED TO ACHIEVE GOAL

14. TIME TABLE
PROGRAM YEAR QTR.

1ST 2ND 3RD 4TH

15. TRAINING AND TECHNICAL
ASSISTANCE REQUESTED

16. PA

17. OEO FUNDS

18. NO.
MOS.

19. OTHER RESOURCES
AVAILABLE
(Specify amount
and source)

WINTERIZING HOMES
FOR THE
ELDERLY

1. To provide
winterizing
services to
80 low-income
homeowners in
Richland, Lexing-
ton, Newberry and
Fairfield Counties
living in housing
that needs minor
repairs such as:
weather stripping,
repair of holes
in floors, leak-
ing roofs, minor

1. Notify residents and re-
ferral agencies of the programs
and services provided.

2. Identify homes needing
minor repairs and emergency
fuel.

3. Community organizers will
identify and develop profiles
on families needing services.

4. Inspection and identification
work needed.

5. Establish the ability of
homeowners or landlord to
assist with needed repairs.

\$10,029

\$2,624

AID TO MINORITY ENTERPRISES

21. TOTALS CARRIED FORWARD FROM PREVIOUS PAGES (if any)

22. GRAND TOTAL

23. LESS ESTIMATED UNEXPENDED FUNDS (Carryover)

24. NET ADDITIONAL FUNDS REQUESTED FROM OEO (Item 22 minus 23)

CERTIFICATION

THIS APPLICATION HAS BEEN (Check "a" or "b" as appropriate.)

A. ☐ Approved by the applicant's
governing board.

B. ☐ Reviewed by the applicant's administering
board and approved by its governing officials.

A copy of this application has been forwarded to the State Governor's office. It is understood and
agreed by the undersigned that any grant received as a result of this application will be subject to
the general conditions governing CAP grants.

1. NAME AND TITLE OF PRINCIPAL GOVERNING OFFICIAL OR PRINCIPAL OFFICER OF GOVERNING BOARD

Wayne Cannon, O.D., Chairman, Governing Board

27. SIGNATURE

Wayne Cannon

28. DATE

10/31/75

29. DATE OF BOARD AP-
PROVAL

4/22/75

[illegible]

: Midlands Community Action Agency, Inc.

NUMBER: 40626

AREA:

CARD APPROVES: /

SIGNATURE OF CHAIRMAN:

1 YEAR PLAN

PROJECT OBJECTIVES:

PROJECT DESIGN OUTLINE

GAP A/5

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS					
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESULT		
				OPER RSLT	BENE RSLT				
3.0 Community Organizer will identify and develop profiles on families needing services. 3.1 Review existing profiles 3.2 Through information referral new profiles will be developed. 3.3 Screening of clients			Community Organizer		X		X	X	X
4.0 Inspection and identification of work needed. 4.1 Maintenance supervisor will make pre-repair inspection.			Winterization Supervisor		X		X	X	X
5.0 Establish the ability of homeowner or landlord to assist with needed repairs. 5.1 Arrange meetings with homeowners-landowners to determine if they can assist in making repairs.									
6.0 Contract with repair vendors.			Purchasing Agent		X				
7.0 Inspection of contracted services.			Winterization Supervisor		X		X	X	X

Midlands Community Action Agency, Inc.

NUMBER: 40626

AREA:

CARD APPROVES:

SIGNATURE OF CHAIRMAN:

1 YEAR PLAN

PROJECT OBJECTIVES:

PROJECT DESIGN OUTLINE

GAP A/5

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS					
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESULT		
				OPER RSLT	BENE RSLT				
7.1 Post repair inspection			Evaluation Coordinator Community Organizers Winterization Supervisor						
7.2 Follow-up visitation and signature of homeowner									
7.3 Evaluation of homeowner energy conservation.									
7.4 Through conferences with residents where repairs were made, evaluate program.									
8.0 Set up a voucher system for expen- ditures									
8.1 Follow normal accounting procedures			Accounting Department	X			X	X	X
9.0 Monitor and evaluate program effec- tiveness.			Evaluation Coordinator	X			X	X	X

WINTERIZATION PROGRAM

The funds to be expended are 90% for winterization materials and 10% on emergency fuel or utility cut-off with endangerment to health as prerequisite and on a one-time basis, only. Labor is expected to be furnished under another grant from the Department of Commerce EDA Manpower Grant through the State Economic Opportunity Office.

The maximum amount for materials will be \$150.00 per house with owners or landlords asked to participate in the Program. Emergency fuel and utility payments will not exceed $\frac{1}{2}$ total owed bill to maximum of \$50.00

Program expected breakdown will be as follows:

\$9,029 WINTERIZATION MATERIALS

1,000 EMERGENCY FUEL AND UTILITIES

\$2,624 DONATED MATERIALS AND SERVICES

\$12,653 ----- TOTAL ON CSA FUNDS

OFFICE OF ECONOMIC OPPORTUNITY - APPLICATION FOR COMMUNITY ACTION PROGRAM
SUMMARY OF WORK PROGRAMS AND BUDGET (Please type or print clearly. See instructions on reverse.) (OEO Instruction 6710.1)

(FOR OEO USE) DATE RECEIVED

Reserved for
OMB approval

NAME OF APPLICANT AGENCY
Orangeburg Area Committee for Economic Progress, Inc.

2. NAME OF EXECUTIVE DIRECTOR
Hunter B. Stewart

3. PHONE (Include area code)
803-536-1027

4. PROGRAM YEAR
FROM 11-17-75 TO 5-10-76

5. GRANTEE NO.
40613

STREET ADDRESS
P. O. Drawer 710

7. CITY
Orangeburg

8. STATE
SC

9. ZIP CODE
29115

10. PLAN YEAR
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5

PROJECT TITLE AND STATEMENT OF ONE-YEAR GOALS	12. PRIORITY	13. ACTIVITIES REQUIRED TO ACHIEVE GOAL	14. TIME TABLE PROGRAM YEAR QTR.				15. TRAINING AND TECHNICAL ASSISTANCE REQUIRED	16. PA	17. OEO FUNDS	18. NO. MOS.	19. OTHER RESOURCES AVAILABLE (Specify amount and source)
			1ST	2ND	3RD	4TH					
Operation Anti-Freeze #2 Winterizing Program											
Winterize Homes owned 1.0 or rented by individuals and families of low-income status	1.0	Purchase materials and supplies durable enough to withstand atmospheric conditions and conserve heat in the repairs of 150 homes.				→	B/A	15	5,092	6	1,535 (Donated Ser.)
Provide Emergency funds to families who are in need of assistance in restoring utility services.	2.0	Coordination with local Utility company to provide Project Director a running list of accounts which are in the process of being shut-off.				→			566		57 (Supplies)
Evaluation	3.0	Follow up on service				→					

AID TO MINORITY ENTERPRISES

N/A

21. TOTALS CARRIED FORWARD FROM PREVIOUS PAGES (If any)	5,658	1,592
22. GRAND TOTAL		
23. LESS ESTIMATED UNEXPENDED FUNDS (Carryover)		
24. NET ADDITIONAL FUNDS REQUESTED FROM OEO (Item 22 minus 23)	5,658	1,592

CERTIFICATION

THIS APPLICATION HAS BEEN (Check "a" or "b" as appropriate.)

A. ☐ Approved by the applicant's governing board.

B. ☐ Reviewed by the applicant's administering board and approved by its governing officials.

Prior Board approval not applicable

A copy of this application has been forwarded to the State Governor's office. It is understood and agreed by the undersigned that any grant received as a result of this application will be subject to the general conditions governing CAP grants.

NAME AND TITLE OF PRINCIPAL GOVERNING OFFICIAL OR PRINCIPAL OFFICER OF GOVERNING BOARD
Fred C. Mack, Chairman, Board of Directors

22. SIGNATURE

Fred C. Mack

25. DATE

10-29-75

29. DATE OF BOARD APPROVAL

1-2-76

ORANBURG AREA COMMITTEE
FOR ECONOMIC PROGRESS
P. O. DRAWER 710
ORANGEBURG, S. C. 29115

1 YEAR PLAN

PROJECT DESIGN OUTLINE

GAP A/5

PROJECT OBJECTIVES:

Provide low-income individuals and families, as well as the elderly an opportunity to participate in an energy conservation program, designed to lessen the impact of the high cost of energy on such families and individuals to reduce energy consumption.

SIGNATURE OF CHAIRMAN:

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS		PLANNED QUARTERLY RESULTS			
	BEGIN	END		CHECK ONE	DESCRIPTION (IF NECESSARY) REL. KSLR	NOV. DEC.	JAN. FEB.	MAR. APRIL	MAY JUNE
				OPER. BLN					
1.0			C. O. Project Dir.	x					
Taking referrals from agencies and organizations assisting in contacting and screening individuals and families eligible for services	11-17-75	12-31-75				25	50	50	25
Communicate with landlords of families who rent, to acquire consent to begin repairs.	1-1-76	1-30-76							
Receive bids from supply companies on materials needed for repairs.	11-3-75	11-14-75							
Make purchases of materials and supplies	1-2-76	as needed							
Begin Winterizing Project.	2-2-76	5-25-76							
2.0 Begin Emergency Assistance Project	2-2-76	5-25-76							
3.0 Follow up and evaluation of project.	5-25-76	6-30-76							

ORANGEBURG AREA COMMITTEE
FOR ECONOMIC PROGRESS
P. O. DRAWER 710
ORANGEBURG, S. C. 29115

BUDGET

Personnel Cost

TOTAL
COSTS

FEDERAL
SHARE

NON-FEDERAL
SHARE

Services

1092

-0-

1092

Total Personnel Cost

1092

-0-

1092

Non Personnel Cost

Building supplies & materials

5592

5092

500

Emergency Assistance

566

566

-0-

Total Non Personnel Cost

6158

5658

500

TOTAL PROGRAM

7250

5658

1592

ORANGEBURG AREA COMMITTEE
FOR ECONOMIC PROGRESS
P. O. DRAWER 710
ORANGEBURG, S. C. 29115

REQUEST FOR PROPOSAL

PROPOSAL FOR WINTERIZING HOMES FOR LOW-INCOME FAMILIES AND INDIVIDUALS

I. Description and Scope of Work

- A. The aim of this proposal is to enable low-income families and individuals, including the elderly and the near poor to participate in energy conservation programs, designed to lessen the impact of the high cost of energy on such individual and families, and to reduce individual and family energy consumption.

Due to the increase in cost of practically all basic necessities, the poor face tasks beyond their means in an effort to survive in this period of economical instability.

In Orangeburg and the three adjoining counties, Calhoun, Bamberg and Allendale, most of the population is scattered in remote rural areas. Many of the dwellings are in very poor condition. A large percentage of these individual and families are AFDC recipients, Food Stamp recipients and for the elderly, the majority of them receive Social Security benefits. For many of these recipients, this assistance is barely enough to meet their basic needs.

1. Identification of the Project area

Orangeburg County is located in the lower central portion of the state and covers an area of 959.15 square miles. The total population is 69,789 of which the majority is non-white. The largest city and county seat is Orangeburg, located near the center of the county. The county is predominately rural; however, there has been much industrial growth in the past ten years which has contributed to the economic and social progress of the county. Orangeburg county is a very progressive area in which most state agencies, as well as civic, service and social agencies are represented.

Orangeburg County has 8,420 citizens over 60 years of age. Of this number, 4,070 live below the poverty level and 2,879 are representative of the minority. The lack of income severely limits the ability of the old as well as the young to purchase materials to repair his dwelling.

Unemployment, hunger and health along with unsatisfactory living conditions are contributing factors which prevail in some area of these counties, causing undue hardships to the majority of the low-income individuals and families.

Such a Program can be of benefit to many of these families if this proposal is approved. It is difficult for many of us to realize what a life in poverty entails. No comforts beyond the barest necessities and usually cold, hungry and unemployed. This Program can serve one purpose if nothing more--provide them with a more comfortable dwelling during the winter months.

South Carolina's poor are both young and old as stated earlier and the majority are black.

County	Tot. Pop.	Tot. Blk. Pop.	Tot. White Pop.	%Blk.	%White	%Poor	Blks.&Whites
Orangeburg	69,789	38,332	31,457	55	45	57	14
Calhoun	10,780	6,514	4,265	60	40	61	15
Bamberg	15,950	8,698	7,252	55	45	51	13
Allendale	9,692	5,824	3,868	60	40	55	13

This chart was taken from the 1970 Census Report and broken down percentage wise to show in numbers how these counties stand in relations to needs.

2. Past efforts in this Project area and capacity to expand those efforts.

Last year, the Orangeburg Area Committee For Economic Progress, Inc., participated in Operation Anti-Freeze #1. This program was a success in our area as well as a success statewide. The former program was designed especially for the elderly. Most of the funding was contributed by the National Council On Aging and CSA (OEO).

Being the first of such a program, naturally, there were some major difficulties involved in getting this program underway. First, there was a delay in receiving the grant proposal package. Second, planning had to be done on an impromptu basis. Third, upon completion of the package, there was a delay in obtaining the funds. Through all of these uncontrollable circumstances, we, at the CAP level met all scheduled time limitations.

Plans have already been made to use all available resources in the agency and the communities in which we will serve. We are anticipating these services to be considered additional in-kind services.

During last year's program, the number of homes to be winterized were limited because a large portion of our funds were used for labor. Four (4) carpenters were hired to complete the project in the four counties participating in the program. This left us with limited funds in which to purchase materials and supplies.

Approximately eighty (80) homes were winterized last year. We attempted, in all sincerity, to follow the guidelines of the Council on Aging as to the amount spent on each dwelling which was seventy-five to one hundred dollars.

If this proposal is approved, ninety (90) per cent of these funds will be used for materials and the remaining ten (10) per cent for Emergency Assistance. Emergency Assistance funds are much needed in this area.

Many families are faced with very extraordinary and unusual problems during the winter months. Some are laid off because of sickness. Some get behind in bills for the reason that their families comes first. Christmas is nearing or has just passed, causing many of these families to fall behind. All of these situations are faced by many low-income families. Whatever their reasons may be, it is an obligation to those of us more fortunate to lend a helping hand by first assisting them during a time of need and second, educating them in ways to prevent future occurrences.

It is our aim to render services to no less than one hundred-fifty (150) families whose income level is below CSA's poverty guideline.

3. Reasons why this proposal is both feasible and relevant.

Housing needs and assessments are high on the list of community priorities. A program of this nature is feasible because it is designed to focus directly on many of the problems faced by the poor in relations to shelter conditions and emergency situations that will arise as a result of the cold winter months.

Often, programs are initiated with much interest and enthusiasm. Suddenly, public concern dwindles for the lack of support and cooperation, or as in many cases, another priority becomes the prevailing issue.

The relevancy of this program is twofold. First, through the success of last year's program, we anticipate total community awareness and support. Second, the program is designed not only for the elderly, but for every individual and family in need of major or minor home repair or assistance this winter.

4. Non-CSA resource opportunities available for this project.

Since ninety(90) per cent of our funds are to be used for materials and the remaining ten (10) per cent for Emergency Assistance, all labor will be provided through our own resources and those available resources in the communities. It has been stated that a special grant application has been submitted to the Department of Commerce to assist with labor for this project. If, for any reason this special grant is not approved, the Orangeburg Area Committee For Economic Progress, Inc., will contribute \$1,592.00 toward in-kind contributions.

Labor for this program will be provided by way of an additional grant from SEOO, along with the assistance and skills of personnell presently employed by the agency to locate and screen individuals and families, and refer all eligible families to the Project Director.

Plans are being made to contact all of the building supply companies in the four county area to request assistance in the way of donated materials and supplies as a token of appreciation of our business in the past as well as future relations.

5. Projected results for each project effort with a unit cost estimate.

This proposal is designed for 150 dwellings. For each building to be winterized, there will be a Building Winterizing Plan. This plan will include a description of the existing level of insulation, a description of the optimal combination of energy conservation techniques to be acheived, and the amount of work which in the estimation of the supervisor or carpenter in-charge of that particular site.

Our anticipated cost per unit is \$34.00. In extreme cases, this amount could possibly double.

II. Civil Rights

A. Title VI of the Federal Civil Rights Act of 1964 provides under Section 601 that:

"No person in the United States shall on the ground of race, creed, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

B. Title 28 of the Code of Federal Regulations, 42.201, et seq., sub-part D, prohibits discrimination on the grounds of race, color, creed, sex, or national origin.

III. Anticipated income and fee schedule of payment of material.

A. All material necessary for repairs will be purchased through purchase orders. The Orangeburg Area Committee For Economic Progress, Inc., will receive a bill at the end of each month for all purchases during the month. The anticipated income will be drawn from the special account set up by the agency.

IV. Plans for redistribution of any left-over funds.

A. In the event redistribution is necessary, the Project Director will make the final decision. Those determined to be in need through monitoring and screening procedures will receive the benefit of any left-over funds and supplies.

V. Restrictions

A. The recipients of these funds shall be individuals and families of low-income status. Their homes or dwellings shall be of such construction or in need of repairs, that the services rendered will provide for better living conditions during the upcoming winter months.

VI. Evaluation of Project.

A. Accurate records will be kept on all activities concerning this program. All data concerning the operations of this Winterizing and Emergency Assistance Program will be monitored by the Project Director and made available to SEOO and CSA auditors.

B. The effectiveness of this Program will be measured by the accomplishment of our goals as listed below.

1. Effectively winterize homes owned or rented by the poor to reduce the use of fuel by 10-20%, and bring heating cost within the individual's or families' budget.
2. Winterize 150 homes or dwellings of the low-income individual or families in an effort to make these dwellings more comfortable places to live during periods of inclement conditions.
3. As a result of the Emergency Assistance Program, no less than 100 individuals or families will be able to have utilities restored in the case of possible shut-off's.

OFFICE OF ECONOMIC OPPORTUNITY - APPLICATION FOR COMMUNITY ACTION PROGRAM
SUMMARY OF WORK PROGRAMS AND BUDGET (Please type or print clearly. See instructions on reverse.) (OEO Instruction 6710-1)

(FOR OEO USE) DATE RECEIVED

Reserved for
OMB approval

1. NAME OF APPLICANT AGENCY Piedmont Community Actions, Inc.				2. NAME OF EXECUTIVE DIRECTOR John B. Shennan, Jr.		3. PHONE (Include area code) 803-585-8183		4. PROGRAM YEAR FROM 1-1-1976 TO 12-31-1976		5. GRANTEE NO. 40639	
---	--	--	--	---	--	--	--	--	--	-------------------------	--

6. STREET ADDRESS 189 North Forest St.		7. CITY Spartanburg	8. STATE S.C.	9. ZIP CODE 29301	10. PLAN YEAR <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5						
---	--	------------------------	------------------	----------------------	--	--	--	--	--	--	--

11. PROJECT TITLE AND STATEMENT OF ONE-YEAR GOALS	12. PRIORITY	13. ACTIVITIES REQUIRED TO ACHIEVE GOAL	14. TIME TABLE PROGRAM YEAR QTR.				15. TRAINING AND TECHNICAL ASSISTANCE REQUIRED	16. RA	17. OEO FUNDS	18. NO. MOS.	19. OTHER RESOURCES AVAILABLE (Specify amount and source)
			1ST	2ND	3RD	4TH					
<u>WINTERIZATION</u> To assist 200 families in Winterizing their homes in Spartanburg and Cherokee Counties.	3	1. Recruit clients 2. Refer clients 3. Recruit work force 4. Screen needy clients, giving priority to the very poor. 5. Purchase winterization and/or renovation materials. 6. Winterize 200 dwellings.	-	-	-	-		05	\$5,394	12	\$2,954 Inkind \$64,835 C.C.

20. TO MINORITY ENTERPRISES South Carolina Resource Development Corporation	21. TOTALS CARRIED FORWARD FROM PREVIOUS PAGES (If any)		
	22. GRAND TOTAL		
	23. LESS ESTIMATED UNEXPENDED FUNDS (Carryover)		
	24. NET ADDITIONAL FUNDS REQUESTED FROM OEO (Item 22 minus 23)		

25. THIS APPLICATION HAS BEEN (Check "a" or "b" as appropriate.) a. <input checked="" type="checkbox"/> Approved by the applicant's governing board. b. <input checked="" type="checkbox"/> Reviewed by the applicant's administering board and approved by its governing officials.		A copy of this application has been forwarded to the State Governor's office. It is understood and agreed by the undersigned that any grant received as a result of this application will be subject to the general conditions governing CDP grants.	
--	--	--	--

26. NAME AND TITLE OF PRINCIPAL GOVERNING OFFICIAL OR PRINCIPAL OFFICER OF GOVERNING BOARD James R. Thomson, Board Chairman	27. SIGNATURE <i>James R. Thomson</i>	28. DATE 11-6-1975	29. DATE OF BOARD APPROVAL 10-21-1975
--	--	-----------------------	--

OFFICE OF ECONOMIC OPPORTUNITY - APPLICATION FOR COMMUNITY ACTION PROGRAM
SUMMARY OF WORK PROGRAMS AND BUDGET (Please type or print clearly. See instructions on reverse.) (OEO Instruction 6710-1)

(FOR OEO USE) DATE RECEIVED

Reserved for
OMB approval

1. NAME OF APPLICANT AGENCY

Piedmont Community Actions, Inc.

2. NAME OF EXECUTIVE DIRECTOR

John B. Shennan, Jr.

3. PHONE (Include area code)

803-585-8183

4. PROGRAM YEAR

FROM 1-1-1976

TO 12-31-1976

5. GRANTEE NO.

40639

6. STREET ADDRESS

189 North Forest St.

7. CITY

Spartanburg

8. STATE

S.C.

9. ZIP CODE

29301

10. PLAN YEAR

☐ 1

☒ 2

☐ 3

☐ 4

☐ 5

PROJECT TITLE AND
STATEMENT OF
ONE-YEAR GOALS

12. PRIOR-
ITY

3

13. ACTIVITIES REQUIRED TO ACHIEVE GOAL

- a. Mend broken windows
- b. Replace broken windows and doors.
- c. Apply weather stripping.
- d. Mend holes in walls and floors.
- e. Mend chimneys.
- f. Provide coal and wood burning stoves
- g. Put plastic over windows.
- h. Insulate attics with rock wool.

14. TIME TABLE
PROGRAM YEAR QTR.

1ST 2ND 3RD 4TH

- - - -
- - - -
- - - -
- - - -
- - - -
- - - -
- - - -
- - - -

15. TRAINING AND TECHNICAL
ASSISTANCE REQUIRED

- - - -
- - - -
- - - -
- - - -
- - - -
- - - -
- - - -
- - - -

16. PA

05

17. OEO FUNDS

- - - -
- - - -
- - - -
- - - -
- - - -
- - - -
- - - -
- - - -

18. NO.
MOS.

12

19. OTHER RESOURCES
AVAILABLE
(Specify amount
and source)

- - - -
- - - -
- - - -
- - - -
- - - -
- - - -
- - - -
- - - -

20. AID TO MINORITY ENTERPRISES

South Carolina Resource Development Corporation

21. TOTALS CARRIED FORWARD FROM PREVIOUS PAGES (If any)

22. GRAND TOTAL

23. LESS ESTIMATED UNEXPENDED FUNDS (Carryover)

24. NET ADDITIONAL FUNDS REQUESTED FROM OEO (Item 22 minus 23)

CERTIFICATION

25. THIS APPLICATION HAS BEEN (Check "a" or "b" as appropriate.)

A. ☒ Approved by the applicant's governing board.

B. ☒ Reviewed by the applicant's administering board and approved by its governing officials.

A copy of this application has been forwarded to the State Governor's office. It is understood and agreed by the undersigned that any grant received as a result of this application will be subject to the general conditions governing CAP grants.

26. NAME AND TITLE OF PRINCIPAL GOVERNING OFFICIAL OR PRINCIPAL OFFICER OF GOVERNING BOARD

James R. Thomson, Board Chairman

27. SIGNATURE

James R. Thomson

28. DATE

11-6-1975

29. DATE OF BOARD APPROVAL

10-21-1975

OFFICE OF ECONOMIC OPPORTUNITY - APPLICATION FOR COMMUNITY ACTION PROGRAM SUMMARY OF WORK PROGRAMS AND BUDGET (Please type or print clearly. See instructions on reverse.) (OEO Instruction 6710-1)										(FOR OEO USE) DATE RECEIVED		Reserved for OMB approval	
1. NAME OF APPLICANT AGENCY				2. NAME OF EXECUTIVE DIRECTOR		3. PHONE (include area code)		4. PROGRAM YEAR		5. GRANTEE NO.			
6. STREET ADDRESS				7. CITY		8. STATE		9. ZIP CODE		10. PLAN YEAR			
11. PROJECT TITLE AND STATEMENT OF ONE-YEAR GOALS				12. PRIORITY		13. ACTIVITIES REQUIRED TO ACHIEVE GOAL		14. TIME TABLE PROGRAM YEAR QTR.		15. TRAINING AND TECHNICAL ASSISTANCE REQUIRED			
								16. PA		17. OEO FUNDS			
										18. NO. MOS.			
										19. OTHER RESOURCES AVAILABLE (Specify amount and source)			
Piedmont Community Actions, Inc.				John B. Shennan, Jr.		803-585-8183		FROM 1-1-1975 TO 12-31-1976		40639			
189 North Forest St.				Spartanburg		S.C.		29301		<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
7. Purchase fuel in hardship cases up to 10% of total grant. a. Gas b. Oil c. Coal d. Electricity e. Wood 8. Provide other I. & R. Services. 9. To monitor and evaluate project.				1ST		2ND		3RD		4TH			
21. TOTALS CARRIED FORWARD FROM PREVIOUS PAGES (If any)								05		12			
22. GRAND TOTAL													
23. LESS ESTIMATED UNEXPENDED FUNDS (Carryover)													
24. NET ADDITIONAL FUNDS REQUESTED FROM OEO (Item 22 minus 23)													
25. THIS APPLICATION HAS BEEN (Check "a" or "b" as appropriate.) a. <input checked="" type="checkbox"/> Approved by the applicant's governing board. b. <input checked="" type="checkbox"/> Reviewed by the applicant's administering board and approved by its governing officials.													
26. NAME AND TITLE OF PRINCIPAL GOVERNING OFFICIAL OR PRINCIPAL OFFICER OF GOVERNING BOARD James R. Thomson, Board Chairman				27. SIGNATURE				28. DATE		29. DATE OF BOARD APPROVAL			
								11-6-1975		10-21-1975			

NUMBER: 40639
 AN AREA: Winterization
 BOARD APPROVES: November 06, 1975
 SIGNATURE OF CHAIRMAN:

1 YEAR PLAN

PROJECT OBJECTIVES:

PROJECT DESIGN OUTLINE

To assist 200 families in the winterization of homes in Spartanburg and Cherokee Counties.

GAP A/S

David L. Jack VC 11-6-75

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS								
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESULT					
				OPER RSLT	BENE RSLT		J-F-M			O-N D		
1.0 To assist 200 families in Winter- izing homes in Spartanburg and Cherokee Counties. a. Recruit clients b. Screen clients c. Refer clients for service	1-1-76	12-31-76	Housing Spec. Proj. Dir. Outr. Wor. P.D. & H.S. C.D. & O.R.	X X X X				X X X X				
1.1 To recruit work force a. Advertise via news media b. Screen applications c. Hire staff	1-1-76	1-3-76	P.D. P.D. & H.S. P.D. & H.S. P.D. & H.S.	 X X X X				X X X X				
1.2 To purchase materials for project	1-1-76	12-31-76	Purchasing Officer	X				X				
1.3 To Winterize structures a. Doors b. Windows c. Walls d. Floors e. Attics f. Porches, etc.	1-1-76	12-31-76	Carpenters & Aides	X X X X X X X				X				

BY: Piedmont Community Actions, Inc.
 NUMBER: 40639
 PLAN AREA: Winterization
 BOARD APPROVES: November 06, 1975
 SIGNATURE OF CHAIRMAN:

1 YEAR PLAN

PROJECT OBJECTIVES:

PROJECT DESIGN OUTLINE

GAP A/5

David L. Park VC. 11-6-75

MAJOR ACTIVITIES, : WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS								
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESULTS					
				OPER RSLT	EENE RSLT		J-F-M			O- N-D		
1.4 To provide fuel and stoves up to 10% of grant.	1-1-76	12-31-76	P.D. & C.D. X	X				X				X

PIEDMONT COMMUNITY ACTION AGENCY

The cost breakout of CSA Funds to be received from the SEOO are as follows:

Materials	\$ 4,550
Emergency Assistance	2,017
In-kind Audit	<u>304</u>
TOTAL	\$ 6,871

OFFICE OF ECONOMIC OPPORTUNITY - APPLICATION FOR COMMUNITY ACTION PROGRAM
SUMMARY OF WORK PROGRAMS AND BUDGET (Please type or print clearly. See instructions on reverse.) (OEO Instruction 6710-1)

(FOR OEO USE) DATE RECEIVED

Reserved for
OMB approval

NAME OF APPLICANT AGENCY

Waccamaw Economic Opportunity Council, Inc.

2. NAME OF EXECUTIVE DIRECTOR

Samuel B. Hudson

3. PHONE (Include area code)

(803)
248-4208

4. PROGRAM YEAR

FROM

1/1/75

TO

12/31/75

5. GRANTEE NO.

40594

6. STREET ADDRESS

201 Beaty Street
P.O. Box 671

7. CITY

Conway

8. STATE

S.C.

9. ZIP CODE

29526

10. PLAN YEAR

☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

PROJECT TITLE AND
STATEMENT OF
ONE-YEAR GOALS

12. PRIOR-
ITY

13. ACTIVITIES REQUIRED TO ACHIEVE GOAL

14. TIME TABLE
PROGRAM YEAR QTR.

1ST 2ND 3RD 4TH

15. TRAINING AND TECHNICAL
ASSISTANCE REQUIRED

16. PA

17. OEO FUNDS

18. NO.
MOS.

19. OTHER RESOU
AVAILABLE
(Specify amount
and source)

1.0 Winterization
Program

To winterize 3
75 Senior
Citizens owner
occupied single
family dwellings
in Georgetown,
Horry, and
Williamsburg
Counties and
provide a source
of emergency fuel
supply

1.0.1 Contact Senior Citizens 1976
organizations and DSS
Elderly Caseworkers for
list of citizens needing
homes winterized.

1.0.2 Screen and evaluate data

1.0.3 Select homes to be
winterized

1.0.4 Organize workers to
perform winterizing

1.0.5 Secure materials and
begin winterizing.

1.0.6 Evaluate Program

20. TO MINORITY ENTERPRISES

21. TOTALS CARRIED FORWARD FROM PREVIOUS PAGES (If any)

22. GRAND TOTAL

23. LESS ESTIMATED UNEXPENDED FUNDS (Carryover)

24. NET ADDITIONAL FUNDS REQUESTED FROM OEO (Item 22 minus 23)

25. APPLICATION HAS BEEN (Check "a" or "b" as appropriate.)

☐ a. Approved by the applicant's
governing board.

☐ b. Reviewed by the applicant's administering
board and approved by its governing officials.

A copy of this application has been forwarded to the State Governor's office. It is understood and
agreed by the undersigned that any grant received as a result of this application will be subject to
the general conditions governing CAP grants.

26. NAME AND TITLE OF PRINCIPAL GOVERNING OFFICIAL OR PRINCIPAL OFFICER OF GOVERNING BOARD

Dick F. Elliott, Chairman of the Board

27. SIGNATURE

Dick F. Elliott

28. DATE

10/31/75

29. DATE OF BOARD APPROVAL

OFFICE OF ECONOMIC OPPORTUNITY - APPLICATION FOR COMMUNITY ACTION PROGRAM
SUMMARY OF WORK PROGRAMS AND BUDGET (Please type in print clearly. See instructions on reverse.) (OEO Instruction 6710-1)

(FOR OEO USE) DATE RECEIVED

Reserved for
OEB approval

NAME OF APPLICANT AGENCY: Waccamaw Economic Opportunity Council, Inc.
2. NAME OF EXECUTIVE DIRECTOR: Samuel B. Hudson
3. PHONE (Include area code): 803-248-4208
4. PROGRAM YEAR: FROM 1/1/75 TO 12/31/75
5. GRANTEE NO.: 40594

6. STREET ADDRESS: P.O. Box 671, 201 Beatty Street
7. CITY: Conway
8. STATE: S.C.
9. ZIP CODE: 29526
10. PLAN YEAR: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

PROJECT TITLE AND STATEMENT OF ONE-YEAR GOALS	12. PRIORITY	13. ACTIVITIES REQUIRED TO ACHIEVE GOAL	14. TIME TABLE PROGRAM YEAR QTR.				15. TRAINING AND TECHNICAL ASSISTANCE REQUIRED	16. PA	17. OEO FUNDS	18. NO. MOS.	19. OTHER RESOURCES AVAILABLE (Specify amount and source)
			1ST	2ND	3RD	4TH					
2.0 Provide fuel assistance to the poor by making necessary arrangements with suppliers	3	2.01 Contact suppliers and make arrangements to obtain emergency fuel when needed. 2.02 Set up machinery necessary to respond to emergency situations.	1976			1975			\$9,529	6	\$15,000 Local County & City
3.0 Evaluate program.											

20. MINORITY ENTERPRISES

21. TOTALS CARRIED FORWARD FROM PREVIOUS PAGES (If any)	-0-	-0-
22. GRAND TOTAL	\$9,529	\$15,000
23. LESS ESTIMATED UNEXPENDED FUNDS (Carryover)	-0-	-0-
24. NET ADDITIONAL FUNDS REQUESTED FROM OEO (Item 22 minus 23)	\$9,529	

CERTIFICATION

25. APPLICATION HAS BEEN (Check "a" or "b" as appropriate.)

☐ a. Approved by the applicant's governing board.

☐ b. Reviewed by the applicant's administering board and approved by its governing officials.

A copy of this application has been forwarded to the State Governor's office. It is understood and agreed by the undersigned that any grant received as a result of this application will be subject to the general conditions governing CAP grants.

26. NAME AND TITLE OF PRINCIPAL GOVERNING OFFICIAL OR PRINCIPAL OFFICER OF GOVERNING BOARD

Dick F. Elliott

27. SIGNATURE

Dick F. Elliott

28. DATE

1/13/75

29. DATE OF BOARD APPROVAL

Waccamaw Economic Opportunity Council, Inc.

FILE NUMBER: 40594

PROGRAM AREA: Housing

APPROVED BY: [Signature]

SIGNATURE OF CHAIRMAN:

Dick F. Elliott

Dick F. Elliott

1 YEAR PLAN

PROJECT DESIGN OUTLINE

GAP F/S

PROJECT OBJECTIVES:

Winterize 75 Senior Citizen's single-family, owner-occupied dwellings in Georgetown, Horry, and Williamsburg Counties. Also provide a source of Emergency fuel supply.

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUANTITIES		
	BEGIN	END		OPEN RSMT	FINISH RSMT				
1.0 Winterize Homes	11/15/75	6/30/76	A.L. Spivey		X				
1.1 Contact Senior Citizens Organizations & DSS Caseworkers in the 3-County area for elderly needing assistance	11/15/75	12/1/75	"	X					
1.2 Evaluate information	12/1/75	12/4/75	"	X					
1.3 Select homes to be winterized	12/8/75	12/10/75	" & (screening Committee)		X				
1.4 Find carpenters or volunteers and make necessary arrangements for performance of tasks.	11/15/75	12/15/75	A. Spivey	X					
1.5 Winterize Homes	12/15/75	6/15/76	"		X		50	10	15
1.6 Evaluate Winterizing Activities	6/1/75	6/15/76	A. Spivey	X					
2.0 Emergency Fuel Supplies	11/15/75	5/30/76	J.T. Gordon	X					

AGENCY: Waccamaw Economic Opportunity Council, Inc.

GRANT NUMBER: 40594

PROGRAM AREA: Housing

DATE BOARD APPROVES:

SIGNATURE OF CHAIRMAN:

Dick F. Elliott

Dick F. Elliott

1 YEAR PLAN

PROJECT DESIGN OUTLINE

GAP A/5

PROJECT OBJECTIVES:

See First Page

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS						
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RES.			
				OPER RSLT	BENE RSLT					
2.1 Contact Suppliers and arrange for Emergency fuel	11/15/75	12/1/75	J.T. Gordon	X						
2.2 Set up machinery necessary to han- dle emergency situations	11/15/75	11/30/75	"	X						
2.3 Evaluate Emergency Fuel Activities	5/1/76	5/15/76	A.L. Spivey	X						
3.0 Program Evaluation	6/15/76	6/30/76	Exec.Dir.	X						

WACCAMAW ECONOMIC OPPORTUNITY COUNCIL

COST BREAKOUT

Materials	\$ 6,794
Emergency Assistance	755
In-Kind Assistance	<u>1,980</u>
TOTAL	\$ 9,529

OFFICE OF ECONOMIC OPPORTUNITY - APPLICATION FOR COMMUNITY ACTION PROGRAM
SUMMARY OF WORK PROGRAMS AND BUDGET (Please type or print clearly. See instructions on reverse.) (OEO Instruction 6710-1)

(FOR OEO USE) DATE RECEIVED

Reserved for
OMB approval

1. NAME OF APPLICANT AGENCY
WATEREE COMMUNITY ACTIONS, INC.

2. NAME OF EXECUTIVE DIRECTOR
MRS. RUBY J. JOHNSON

3. PHONE (Include area code)
(803) 775-4354

4. PROGRAM YEAR
FROM 1/1/76 TO 12/31/76

5. GRANTEE NO.
40653

6. STREET ADDRESS
225 W. LIBERTY STREET
P. O. BOX 1838

7. CITY
SUMTER

8. STATE
S. C.

9. ZIP CODE
29150

10. PLAN YEAR
☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

11. PROJECT TITLE AND STATEMENT OF ONE-YEAR GOALS	12. PRIORITY	13. ACTIVITIES REQUIRED TO ACHIEVE GOAL	14. TIME TABLE PROGRAM YEAR QTR.				15. TRAINING AND TECHNICAL ASSISTANCE REQUIRED	16. PA	17. OEO FUNDS	18. NO. MOS.	19. OTHER RESOURCES AVAILABLE (Specify amount and source)
			1ST	2ND	3RD	4TH					
OPERATION ANTI-FREEZE II - To conserve energy and lessen the impact of the high cost of fuel for poor people by increasing the thermal efficiency of their dwellings through a program called Operation Anti-Freeze II. Program policy on Winterization in CSA Instruction 6143-1 shall be complied with in conducting this program.		Establish a Program Advisory Committee to assist in making program policies and in evaluating.							-0-	12	
		Solicit referrals and seek out one hundred homes which need winterizing. Screen the homes down to fifty of the most needy condition. Homes of senior citizens shall constitute at least 10% of the fifty. Unrepaired homes screened for the list of Operation Anti-Freeze I shall be exhausted first.							-0-		
		Repair and increase the thermal efficiency of at least							\$9,917.82		Volunteer services and

20. AID TO MINORITY ENTERPRISES

21. TOTALS CARRIED FORWARD FROM PREVIOUS PAGES (If any)

22. GRAND TOTAL

23. LESS ESTIMATED UNEXPENDED FUNDS (Carryover)

24. NET ADDITIONAL FUNDS REQUESTED FROM OEO (Item 22 minus 23)

CERTIFICATION

25. THIS APPLICATION HAS BEEN (Check "a" or "b" as appropriate.)

A. ☐ Approved by the applicant's governing board.

B. ☐ Reviewed by the applicant's administering board and approved by its governing officials.

A copy of this application has been forwarded to the State Governor's office. It is understood and agreed by the undersigned that any grant received as a result of this application will be subject to the general conditions governing CAP grants.

26. NAME AND TITLE OF PRINCIPAL GOVERNING OFFICIAL OR PRINCIPAL OFFICER OF GOVERNING BOARD
RALPH W. CANTY, WCAI BOARD CHAIRMAN

27. SIGNATURE

28. DATE
10/28/75

29. DATE OF BOARD APPROVAL

WATEREE COMMUNITY ACTIONS, INC.
40653
ENERGY CRISIS

OPERATION ANTI-FREEZE II

Page 2 of 2

SUMMARY OF WORK PROGRAMS AND BUDGET - Continuation Sheet

Reserved for
OMB Approval

NAME OF APPLICANT AGENCY			PLAN YEAR					DATE SUBMITTED		GRANTEE NO.		
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5									
PROJECT TITLE AND STATEMENT OF ONE-YEAR GOALS	PRIOR- ITY	ACTIVITIES REQUIRED TO ACHIEVE GOAL	TIME TABLE PROGRAM YEAR QTR.				TRAINING AND TECHNICAL ASSISTANCE REQUIRED	PA	GEO FUNDS	NO. MOS.	OTHER RESOURCES AVAILABLE (Specify amount and source)	
			1ST	2ND	3RD	4TH						
		<p>50 homes occupied by poor or near poor persons by carrying out such activities as: ceiling insulation, window and door repairs, floor repairs or covering, caulking, weatherstripping. Outdoor toilet repair shall be included.</p> <p>Conduct administrative functions including supervision of 2 carpenters and 3 laborers, obtaining matching in-kind, maintaining and producing records and reports of the program, evaluating and implementing the total program.</p> <p>Conduct Energy Crisis Intervention activities including counseling on budget management, negotiating with utility companies, fuel dealers and landlords in behalf of clients and soliciting fuel, bedding, food and funds for severe emergencies.</p>										<p>donated materials and supplies valued at \$3,308.40</p> <p>The director's salary is \$8,000 of 05 CSA funds. The carpenter's salaries amount to some \$27,000 of CETA funds through 6/30/76.</p>
									\$1,110.28			
									-0-			

CY: WATEREE COMMUNITY ACTIONS, INC.
 T NUMBER: 40653
 RAM AREA: ENERGY CRISIS

BOARD APPROVES:

SIGNATURE OF CHAIRMAN:

1 YEAR PLAN

PROJECT DESIGN OUTLINE

GAP A/5

PROJECT OBJECTIVES: To conserve energy and lessen the impact of the high cost of fuel for poor people by increasing the thermal efficiency of their dwellings through a program called Operation Anti-Freeze.
 II. Program policy on Winterization in CSA Instruction 6143-1 shall be complied with in conducting this program.

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS							
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESULTS				
				OPER RSLT	BENE RSLT		JFM	AMJ	JAS	O N D	
1.0 Establish a Program Advisory Committee to assist in making program policies and in evaluating.	1/76	1/76	Project Dir.	X		Indigent clients shall make up 51% of the PAC membership while others shall be governmental officials and construction contractors	X				
2.0 Solicit referrals and seek out one hundred homes which need winterizing. Screen homes down to fifty of the most needy condition. Homes of senior citizens shall constitute at least 10% of the fifty. Unrepaired homes screened for the list of Operation Anti-Freeze I shall be exhausted first.	1/5/76	2/28/76	Project Dir.	X			X				
3.0 Repair and increase the thermal efficiency of at least 50 homes occupied by poor or near poor persons by carrying out such activities as: ceiling insulation, window and door repairs, floor repairs or covering, caulking, weatherstripping. Outdoor toilet repair shall be included.	1/15	12/31	Director & Head Carpenter		X		20	20	5		

PAGE 1 OF 3 PAGES

CY:

IT NUMBER:

PLAN AREA:

BOARD APPROVES:

SIGNATURE OF CHAIRMAN

WATEREE COMMUNITY ACTIONS, INC.

40653

ENERGY CRISIS

1 YEAR PLAN

PROJECT OBJECTIVES:

PROJECT DESIGN OUTLINE

GAP A/5

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS							
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESULTS				
				OPER RSLT	BENE RSLT						
4.0 Conduct administrative functions	1/76	12/76	Project Dir.	X							
4.1 The director shall supervise 2 carpenters and 3 laborers	1/76	12/76	"								
4.2 The director shall be responsible for obtaining the matching in-kind valued at \$3308.40	1/76	12/76	"	X							
4.3 The director shall maintain and produce records and reports of the program.	1/76	12/76	"	X							
4.4 The director shall be responsible for the total implementation of the program.	1/76	12/76	"	X							
4.5 Evaluation of the project	3/76	6/76	Project Director & PAC	X							
5.0 Conduct Energy Crisis Intervention activities including:	1/76	12/76	Project Dir.		X				10	10	10
5.1 Counseling on budget management											
5.2 Negotiating with utility compa-											

PAGE 2 OF 3 PAGES

CY:

T NUMBER:

RAN AREA:

BOARD APPROVES:

SIGNATURE OF CHAIRMAN:

1 YEAR PLAN

PROJECT OBJECTIVES:

PROJECT DESIGN OUTLINE

GAP A/5

MAJOR ACTIVITIES, WITH SUB-STEPS	SCHEDULE		RESPON- SIBILITY ASSIGNMENT	PLANNED RESULTS						
	BEGIN	END		CHECK ONE		DESCRIPTION (IF NECESSARY)	PLANNED QUARTERLY RESULTS			
				OPER RSLT	BENE RSLT					
5.2 in behalf of clients.	1/76	12/76	Project Dir.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
5.3 Soliciting fuel, bedding, food and funds for severe emergen- cies.				<input type="checkbox"/>	<input type="checkbox"/>					

I T E M I Z E D B U D G E T

FOR

OPERATION ANTI-FREEZE II

RECEIPT

\$11,028.00	CSA Energy Funds
<u>3,308.40</u>	Required In-Kind (33.5% of materials and supplies 66.5% for volunteer services)
\$14,336.40	Total Receipt

EXPENDITURES

Emergency Assistance	\$1,433.64	10% of budget
----------------------	------------	---------------

E N E R G Y F U N D S

I N K I N D

T O T A L

Winterizing Materials & Supplies	\$9,917.82	\$1,108.31	\$11,026.13
----------------------------------	------------	------------	-------------

Volunteer Labor	-0-	1,876.63	1,876.63
-----------------	-----	----------	----------

MATERIALS AND LABOR TOTAL

\$12,902.76

S U M M A R Y O F B U D G E T

RECEIPT \$14,336.40

EXPENDITURES \$14,336.40

Emergency Assistance	1,433.64
Winterization	12,902.76
TOTAL	<u>\$ 14,336.40</u>

CHECKPOINT PROCEDURE FOR COORDINATION

(OEO Instruction 6710-1)

Form Approved
OMB No. 116-R0203

(THIS SPACE FOR OEO USE)

FROM: (Applicant Agency)

- ☐ COMMUNITY ACTION AGENCY (CAA)
☒ STATE ECONOMIC OPPORTUNITY OFFICE (SEOO)
☐ APPLICANT OTHER THAN CAA OR SEOO

TO: (Responding Agency)

- ☐ CAA
☐ SEOO
☐ OTHER OFFICIAL, AGENCY OR INSTITUTION
☐ CLEARINGHOUSE: ☐ STATE ☐ METRO ☐ REGIONAL

The applicant named below plans to apply to OEO for financial assistance under provisions of the Economic Opportunity Act of 1964. The activity that the applicant plans to undertake is described in Section I below and in accompanying documents. In order to assure that this activity is coordinated with other programs and anti-poverty activities, you are requested to complete Sections II and III of this form.

OEO allows the office, agency or institution to which this form is sent, a minimum of 15 days from receipt of the form to complete and return it. If you are unable to respond fully to the request within this period, you may either request additional time or if the schedule will not permit an extension, you may return the form with notation explaining why you were unable to complete it. (When this form is used with other documents to implement procedures of the Federal Project Notification and Review System, affected Clearinghouses are allowed 30 days in which to respond.)

This checkpoint procedure is not designed to require concurrence in the proposed activities by the recipient of this form. However, OEO does require that the applicant provide an opportunity for all appropriate officials, agencies and institutions to express their concerns with respect to the proposed activities.

SECTION I.

APPLICANT AGENCY AND PROPOSED ACTIVITIES

1. NAME OF APPLICANT Office of the Governor, Division of Economic Opportunity				2. DATE THIS FORM FORWARDED	
3. ADDRESS					
PO. AND STREET 1321 Lady St., PO Box 1520		CITY Columbia	COUNTY Richland	STATE S.C.	ZIP CODE 29202
4. NAME AND TITLE OF STAFF DIRECTOR J. Lee Spratt, State Director				5. TELEPHONE NO. (Include Area Code) 803/758-3191	

6. TITLE AND BRIEF DESCRIPTION OF PROPOSED ANTI-POVERTY PROJECT(S)/ACTIVITIES (Including funding sources)

OPERATION ANTI-FREEZE #II, "Winterization Energy Program"

The State Division of Economic Opportunity will be the grantee with the seventeen CAAs acting as delegate agencies for the continuation of a state-wide Winterization Energy Program. The program will be South Carolina's second year of helping to winterize and repair homes for the poor and poor elderly. Last year 1,434 homes for the elderly and other indigent persons were repaired. This year with an increase in the funding level we anticipate a substantial increase in the number of homes winterized or repaired. We hope to serve an estimated 3,000 families during Operation Anti-Freeze #II. As you will note, we are requesting \$282,000 from the Department of Commerce which will be used for the hiring of approximately 52 people as carpenters, carpenter helpers, and program directors of the statewide program. The materials and supplies for the program will be provided through the \$94,182 Community Service funds. There will be other funds and

(CONTINUED ON ATTACHED PAGE)

7. COMMUNITIES TO BE INCLUDED IN PROPOSED PROJECT(S)

This is to be a state-wide program serving all 46 counties.

8. BUDGET PERIOD (Program Year) FOR PROPOSED PROJECT(S)		
BEGINNING DATE 11-1-75	ENDING DATE 8-31-76	
9. TOTAL ESTIMATED COST OF PROPOSED ACTIVITY (Item 10 + 11) \$399,746	10. OEO FEDERAL SHARE \$94,182 CSA \$282,000 Dept. Comm.	11. NON-FEDERAL SHARE \$23,564

Attachment

OPERATION ANTI-FREEZE #II, "Winterization Energy Program"


material generated by the individual CAAs to increase the number of homes repaired.

Also emphasis will be placed on identification of other needs and problems brought on by spiraling cost of fuel, inability to pay cash for fuel or electrical power endangering health. Program will include grants, small loans, mediation with utility company or fuel supplier and financial counseling and maintenance of emergency fuel supplies, warm clothing and blankets.

The community action agencies will identify the needy poor and will identify the needy elderly in coordination with the local council on aging, church groups, and other community groups.

The identification of the needy and the establishment of priority of work in counties not covered by a community action agency will be done by the community action agency adjacent to these counties.

Information concerning the program will be announced through the CAAs, news media, churches, and other local community organizations.

SECTION II. OFFICIAL OR AGENCY RESPONDING TO FORM				
12. TITLE OF OFFICIAL OR AGENCY RESPONDING Aiken County Community Action Commission				13. DATE OF RESPONSE October 21, 1975
14. ADDRESS				
NO. AND STREET PO Box 2094	CITY Aiken	COUNTY Aiken	STATE S.C.	ZIP CODE 29801
15. TYPED NAME AND TITLE OF INDIVIDUAL COMPLETING THIS FORM George A. Anderson, Director		16. SIGNATURE 		17. TELEPHONE NO. (Include Area Code) 803/648-6836

SECTION III. COMMENTS ON PROPOSED ACTIVITY

18. WERE YOU, OR WAS YOUR AGENCY CONSULTED IN THE PLANNING OF THE PROPOSED PROJECT(S) DESCRIBED IN SECTION II?

☒ YES ☐ NO

18a. IF "YES", (Item 18 above), DESCRIBE IN WHAT MANNER AND AT WHAT POINT YOU OR YOUR AGENCY PARTICIPATED IN THE PLANNING OF THE PROPOSED PROJECT.

The proposed project is a continuation from prior years and our Agency has not only participated but fully endorses the proposed activities.

19. HOW WILL THE PROPOSED PROJECT(S) COMPLEMENT AND BE COORDINATED WITH YOUR CURRENT AND PLANNED ACTIVITIES AFFECTING THE POOR?

The information printed in response to Section I, number 6 which gives a brief description of the proposed activity would best describe my response to this question.

20. WHAT IS YOUR OPINION OF THE PROPOSED PROJECT(S)? STATE ANY OTHER FACTORS WHICH YOU BELIEVE SHOULD INFLUENCE OEO'S DECISION ON WHETHER TO FUND THE PROJECT(S).

Positive.

21. DO YOU, OR YOUR AGENCY (other than a Clearinghouse), PLAN TO PROVIDE SUPPORT (through the provision of services to beneficiaries, technical assistance or other assistance) TO THE PROPOSED PROJECT? (If "Yes", describe the specific kinds of support.)

☒ YES ☐ NO

Our Agency plans to provide support to the proposed project by implementing the indicated activities as a delegate agency.

SECTION II.

OFFICIAL OR AGENCY RESPONDING TO FORM

12. TITLE OF OFFICIAL OR AGENCY RESPONDING

Anderson County Head Start Project, Inc.

13. DATE OF RESPONSE

14.

ADDRESS

NO. AND STREET

PO Box 153

CITY

Anderson

COUNTY

Anderson

STATE

S.C.

ZIP CODE

29621

15. TYPED NAME AND TITLE OF INDIVIDUAL COMPLETING THIS FORM

Mrs. Ruth Walker, Director

16. SIGNATURE

17. TELEPHONE NO. (Include Area Code)

803/226-0367

SECTION III.

COMMENTS ON PROPOSED ACTIVITY

18. WERE YOU, OR WAS YOUR AGENCY CONSULTED IN THE PLANNING OF THE PROPOSED PROJECT(S) DESCRIBED IN SECTION II?

☒ YES☐ NO

18a. IF "YES", (Item 18 above), DESCRIBE IN WHAT MANNER AND AT WHAT POINT YOU OR YOUR AGENCY PARTICIPATED IN THE PLANNING OF THE PROPOSED PROJECT.

This Agency participated by identifying present needs for the Winterization Energy Program in this County.

19. HOW WILL THE PROPOSED PROJECT(S) COMPLEMENT AND BE COORDINATED WITH YOUR CURRENT AND PLANNED ACTIVITIES AFFECTING THE POOR?

This project would complement what is now being done for the poor in this County by this Agency.

20. WHAT IS YOUR OPINION OF THE PROPOSED PROJECT(S)? STATE ANY OTHER FACTORS WHICH YOU BELIEVE SHOULD INFLUENCE OEO'S DECISION ON WHETHER TO FUND THE PROJECT(S).

This is an excellent project. It provides the poor and elderly poor with a more pleasant and warm living quarters, also this project help to conserve lives and ENERGY.

21. DO YOU, OR YOUR AGENCY (other than a Clearinghouse), PLAN TO PROVIDE SUPPORT (through the provision of services to beneficiaries, technical assistance or other assistance) TO THE PROPOSED PROJECT? (If "Yes", describe the specific kinds of support.)

☒ YES☐ NO

This Agency will provide support by continuing to identify the need in this County, and whatever other support that is needed to implement this project.

(If additional space is required continue on blank pages.)

SECTION II.		OFFICIAL OR AGENCY RESPONDING TO FORM		
12. TITLE OF OFFICIAL OR AGENCY RESPONDING				13. DATE OF RESPONSE
Beaufort-Jasper Economic Opportunity Commission				
14. ADDRESS				
NO. AND STREET	CITY	COUNTY	STATE	ZIP CODE
PO Box 31	Beaufort	Beaufort	SC	29902
15. TYPED NAME AND TITLE OF INDIVIDUAL COMPLETING THIS FORM		16. SIGNATURE		17. TELEPHONE NO. (Include Area Code)
Gilbert Zimmerman, Director		<i>Gilbert Zimmerman</i>		803/524-4245

SECTION III. COMMENTS ON PROPOSED ACTIVITY

18. WERE YOU, OR WAS YOUR AGENCY CONSULTED IN THE PLANNING OF THE PROPOSED PROJECT(S) DESCRIBED IN SECTION II

☒ YES ☐ NO

18a. IF "YES", (Item 18 above), DESCRIBE IN WHAT MANNER AND AT WHAT POINT YOU OR YOUR AGENCY PARTICIPATED IN THE PLANNING OF THE PROPOSED PROJECT.

After receiving notification of available funds for Winterization Programs, the SEOO requested that we submit to them a feasible and indepth work program. Also, comments on the proposed program were periodically solicited from CAAs by the SEOO.

19. HOW WILL THE PROPOSED PROJECT(S) COMPLEMENT AND BE COORDINATED WITH YOUR CURRENT AND PLANNED ACTIVITIES AFFECTING THE POOR?

The Winterization Project for the poor will be a part of our overall housing program activities.

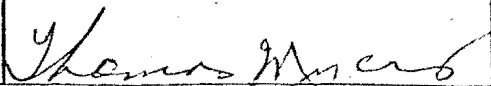
20. WHAT IS YOUR OPINION OF THE PROPOSED PROJECT(S)? STATE ANY OTHER FACTORS WHICH YOU BELIEVE SHOULD INFLUENCE OEO'S DECISION ON WHETHER TO FUND THE PROJECT(S).

This is a very much needed project in the state of South Carolina, and through its past efforts has proven to be most beneficial to the recipients.

21. DO YOU, OR YOUR AGENCY (other than a Clearinghouse), PLAN TO PROVIDE SUPPORT (through the provision of services to beneficiaries, technical assistance or other assistance) TO THE PROPOSED PROJECT? (If "Yes", describe the specific kinds of support.)

☒ YES ☐ NO

We will serve all eligible recipients according to the priority listing designed by target area staff; advertisement of such services to be rendered will go out in all of the CAAs target areas and housing counseling will be a supplement program activity.

SECTION II. OFFICIAL OR AGENCY RESPONDING TO FORM		13. DATE OF RESPONSE	
12. TITLE OF OFFICIAL OR AGENCY RESPONDING Berkeley-Dorchester Counties Economic Development			
14. ADDRESS			
NO. AND STREET PO Box 1215	CITY Moncks Corner	COUNTY Berkeley	STATE SC
		ZIP CODE 29461	
15. TYPED NAME AND TITLE OF INDIVIDUAL COMPLETING THIS FORM Thomas Myers, Director	16. SIGNATURE 		17. TELEPHONE NO. (Include Area Code) 803/899-7373

SECTION III. COMMENTS ON PROPOSED ACTIVITY	
18. WERE YOU, OR WAS YOUR AGENCY CONSULTED IN THE PLANNING OF THE PROPOSED PROJECT(S) DESCRIBED IN SECTION II?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	

18a. IF "YES", (Item 18 above), DESCRIBE IN WHAT MANNER AND AT WHAT POINT YOU OR YOUR AGENCY PARTICIPATED IN THE PLANNING OF THE PROPOSED PROJECT.

19. HOW WILL THE PROPOSED PROJECT(S) COMPLEMENT AND BE COORDINATED WITH YOUR CURRENT AND PLANNED ACTIVITIES AFFECTING THE POOR?

20. WHAT IS YOUR OPINION OF THE PROPOSED PROJECT(S)? STATE ANY OTHER FACTORS WHICH YOU BELIEVE SHOULD INFLUENCE CEO'S DECISION ON WHETHER TO FUND THE PROJECT(S).

21. DO YOU, OR YOUR AGENCY (other than a Clearinghouse), PLAN TO PROVIDE SUPPORT (through the provision of services to beneficiaries, technical assistance or other assistance) TO THE PROPOSED PROJECT? (If "Yes", describe the specific kinds of support.)

☐ YES ☐ NO

SECTION II.

OFFICIAL OR AGENCY RESPONDING TO FORM

12. TITLE OF OFFICIAL OR AGENCY RESPONDING

Charleston County Economic Opportunity Commission

13. DATE OF RESPONSE

October 17, 1975

14.

ADDRESS

NO. AND STREET

PO Box 2668

CITY

Charleston

COUNTY

Charleston

STATE

S.C.

ZIP CODE

29403

15. TYPED NAME AND TITLE OF INDIVIDUAL COMPLETING THIS FORM

C.S. Campbell, Director

16. SIGNATURE



17. TELEPHONE NO. (Include Area Code)

803/723-9285

SECTION III.

COMMENTS ON PROPOSED ACTIVITY

18. WERE YOU, OR WAS YOUR AGENCY CONSULTED IN THE PLANNING OF THE PROPOSED PROJECT(S) DESCRIBED IN SECTION II?

☒ YES☐ NO

18a. IF "YES", (Item 18 above), DESCRIBE IN WHAT MANNER AND AT WHAT POINT YOU OR YOUR AGENCY PARTICIPATED IN THE PLANNING OF THE PROPOSED PROJECT.

The planning for this year's Winterization Program started last year and is a continuation and expansion of our efforts of last year.

19. HOW WILL THE PROPOSED PROJECT(S) COMPLEMENT AND BE COORDINATED WITH YOUR CURRENT AND PLANNED ACTIVITIES AFFECTING THE POOR?

Our plans for the use of this funding include not only materials, but also the people to do this work. Our efforts will also be coordinated with the local Department of Social Services, the United Way and COBRA.

20. WHAT IS YOUR OPINION OF THE PROPOSED PROJECT(S)? STATE ANY OTHER FACTORS WHICH YOU BELIEVE SHOULD INFLUENCE OEO'S DECISION ON WHETHER TO FUND THE PROJECT(S).

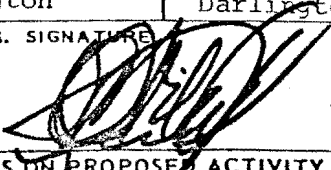
We most heartedly endorse this program.

21. DO YOU, OR YOUR AGENCY (other than a Clearinghouse), PLAN TO PROVIDE SUPPORT (through the provision of services to beneficiaries technical assistance or other assistance) TO THE PROPOSED PROJECT? (If "Yes", describe the specific kinds of support.)

☒ YES☐ NO

As a delegate agency for this program, our whole staff becomes available for whatever is needed.

SECTION II. OFFICIAL OR AGENCY RESPONDING TO FORM

12. TITLE OF OFFICIAL OR AGENCY RESPONDING Darlington County Community Action Agency			13. DATE OF RESPONSE		
14. ADDRESS					
NO. AND STREET PO Box 596		CITY Darlington	COUNTY Darlington	STATE S.C.	ZIP CODE 29532
15. TYPED NAME AND TITLE OF INDIVIDUAL COMPLETING THIS FORM I.C. Wiley, Director		16. SIGNATURE 		17. TELEPHONE NO. (Include Area Code) 803/393-5811	

SECTION III. COMMENTS ON PROPOSED ACTIVITY

18. WERE YOU, OR WAS YOUR AGENCY CONSULTED IN THE PLANNING OF THE PROPOSED PROJECT(S) DESCRIBED IN SECTION II

☐ YES

☐ NO

18a. IF "YES", (Item 18 above), DESCRIBE IN WHAT MANNER AND AT WHAT POINT YOU OR YOUR AGENCY PARTICIPATED IN THE PLANNING OF THE PROPOSED PROJECT.

19. HOW WILL THE PROPOSED PROJECT(S) COMPLEMENT AND BE COORDINATED WITH YOUR CURRENT AND PLANNED ACTIVITIES AFFECTING THE POOR?

20. WHAT IS YOUR OPINION OF THE PROPOSED PROJECT(S)? STATE ANY OTHER FACTORS WHICH YOU BELIEVE SHOULD INFLUENCE OEO'S DECISION ON WHETHER TO FUND THE PROJECT(S).

21. DO YOU, OR YOUR AGENCY (other than a Clearinghouse), PLAN TO PROVIDE SUPPORT (through the provision of services to beneficiaries, technical assistance or other assistance) TO THE PROPOSED PROJECT? (If "Yes", describe the specific kinds of support.)

☐ YES

☐ NO

SECTION II.

OFFICIAL OR AGENCY RESPONDING TO FORM

12. TITLE OF OFFICIAL OR AGENCY RESPONDING

Dillon-Marion Human Resource Commission

13. DATE OF RESPONSE

14. ADDRESS

NO. AND STREET

PO Box 680

CITY

Marion

COUNTY

Marion

STATE

S.C.

ZIP CODE

29571

15. TYPED NAME AND TITLE OF INDIVIDUAL
COMPLETING THIS FORM

Blakely McIntyre, Jr., Director

16. SIGNATURE

*Blakely A McIntyre*17. TELEPHONE NO. (Include Area
Code)

803/423-6711

SECTION III.

COMMENTS ON PROPOSED ACTIVITY

18. WERE YOU, OR WAS YOUR AGENCY CONSULTED IN THE PLANNING OF THE PROPOSED PROJECT(S) DESCRIBED IN SECTION II

☒ YES☐ NO18a. IF "YES", (Item 18 above), DESCRIBE IN WHAT MANNER AND AT WHAT POINT YOU OR YOUR AGENCY PARTICIPATED IN THE
PLANNING OF THE PROPOSED PROJECT.

Through a representative of SEOO office . We had input into
proposed project - during initial planning phase.

19. HOW WILL THE PROPOSED PROJECT(S) COMPLEMENT AND BE COORDINATED WITH YOUR CURRENT AND PLANNED ACTIVITIES
AFFECTING THE POOR?

The proposed project will provide funds to partially winterize and
repair houses of many of the less fortunate people with whom we work.
Also will be a vehicle for providing fuel in emergency or in desperate
situations. These additional services complement our assistance and
referral, Housing and transportation projects. Our Housing Specialist
will coordinate these projects with our other programs.

20. WHAT IS YOUR OPINION OF THE PROPOSED PROJECT(S)? STATE ANY OTHER FACTORS WHICH YOU BELIEVE SHOULD INFLUENCE
OEO'S DECISION ON WHETHER TO FUND THE PROJECT(S).

Because of great numbers of sub-standard houses in our area there
is an urgent need for this project.

21. DO YOU, OR YOUR AGENCY (other than a Clearinghouse), PLAN TO PROVIDE SUPPORT (through the provision of services to beneficiaries
technical assistance or other assistance) TO THE PROPOSED PROJECT? (If "Yes", describe the specific kinds of support.)☒ YES☐ NO

Support by supervision, referral and follow up
by personnel from Neighborhood Service Center and
utilization of Manpower personnel to perform the repair
and winterization service.

(If additional space is required continue on blank page.)

SECTION II.

OFFICIAL OR AGENCY RESPONDING TO FORM

12. TITLE OF OFFICIAL OR AGENCY RESPONDING

Greenville County Council for Community Actions

13. DATE OF RESPONSE

14.

ADDRESS

NO. AND STREET

PO Box 10204

CITY

Greenville

COUNTY

Greenville

STATE

S.C.

ZIP CODE

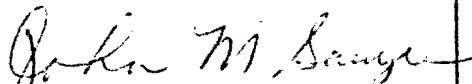
29604

15. TYPED NAME AND TITLE OF INDIVIDUAL
COMPLETING THIS FORM

John M. Sawyer

Director

16. SIGNATURE

17. TELEPHONE NO. (Include Area
Code)

803/242-3712

SECTION III.

COMMENTS ON PROPOSED ACTIVITY.

18. WERE YOU, OR WAS YOUR AGENCY CONSULTED IN THE PLANNING OF THE PROPOSED PROJECT(S) DESCRIBED IN SECTION II?

☒ YES☐ NO

18a. IF "YES", (Item 18 above), DESCRIBE IN WHAT MANNER AND AT WHAT POINT YOU OR YOUR AGENCY PARTICIPATED IN THE PLANNING OF THE PROPOSED PROJECT.

Greenville County Council for Community Actions, Inc. was informed about the Emergency Energy Project via memorandum through the SEOO. Our comments and recommendations were invited.

19. HOW WILL THE PROPOSED PROJECT(S) COMPLEMENT AND BE COORDINATED WITH YOUR CURRENT AND PLANNED ACTIVITIES AFFECTING THE POOR?

The projects we are currently operating, Operation Warmth and Project Anti-Freeze, could be supplemented financially through the proposed project. With supplemental funds, additional poor members in the community could be served.

20. WHAT IS YOUR OPINION OF THE PROPOSED PROJECT(S)? STATE ANY OTHER FACTORS WHICH YOU BELIEVE SHOULD INFLUENCE OEO'S DECISION ON WHETHER TO FUND THE PROJECT(S).

There is no question that the poor are the most severely affected by the current Energy Crisis. We feel that there is a definite need for this type of project.

21. DO YOU, OR YOUR AGENCY (other than a Clearinghouse), PLAN TO PROVIDE SUPPORT (through the provision of services to beneficiaries, technical assistance or other assistance) TO THE PROPOSED PROJECT? (If "Yes", describe the specific kinds of support.)

☒ YES☐ NO

We plan to assist in any way possible with the Emergency Energy Program, if and when we are called upon to do so.

SECTION II.

OFFICIAL OR AGENCY RESPONDING TO FORM

12. TITLE OF OFFICIAL OR AGENCY RESPONDING

GLEAMS Community Actions, Inc.

13. DATE OF RESPONSE

14.

ADDRESS

NO. AND STREET

PO Box 707

CITY

Greenwood

COUNTY

Greenwood

STATE

SC

ZIP CODE

29646

15. TYPED NAME AND TITLE OF INDIVIDUAL
COMPLETING THIS FORM

William Pruitt, Director

16. SIGNATURE

17. TELEPHONE NO. (Include Area
Code)

803/2238434

SECTION III.

COMMENTS ON PROPOSED ACTIVITY

18. WERE YOU, OR WAS YOUR AGENCY CONSULTED IN THE PLANNING OF THE PROPOSED PROJECT(S) DESCRIBED IN SECTION II?

☐ YES☐ NO18a. IF "YES", (Item 18 above), DESCRIBE IN WHAT MANNER AND AT WHAT POINT YOU OR YOUR AGENCY PARTICIPATED IN THE
PLANNING OF THE PROPOSED PROJECT.19. HOW WILL THE PROPOSED PROJECT(S) COMPLEMENT AND BE COORDINATED WITH YOUR CURRENT AND PLANNED ACTIVITIES
AFFECTING THE POOR?20. WHAT IS YOUR OPINION OF THE PROPOSED PROJECT(S)? STATE ANY OTHER FACTORS WHICH YOU BELIEVE SHOULD INFLUENCE
OEO'S DECISION ON WHETHER TO FUND THE PROJECT(S).21. DO YOU, OR YOUR AGENCY (other than a Clearinghouse), PLAN TO PROVIDE SUPPORT (through the provision of services to beneficiaries
technical assistance or other assistance) TO THE PROPOSED PROJECT? (If "Yes", describe the specific kinds of support.)☐ YES☐ NO

SECTION II.

OFFICIAL OR AGENCY RESPONDING TO FORM

12. TITLE OF OFFICIAL OR AGENCY RESPONDING

Legal Services Agency of Greenville County

13. DATE OF RESPONSE

14.

ADDRESS

NO. AND STREET

135 South Main Street

CITY

Greenville

COUNTY

Greenville

STATE

S.C.

ZIP CODE

29601

15. TYPED NAME AND TITLE OF INDIVIDUAL
COMPLETING THIS FORM

Willie T. Smith, Jr., Director

16. SIGNATURE

Willie T. Smith, Jr.

17. TELEPHONE NO. (Include Area
Code)

803/233-2779

SECTION III.

COMMENTS ON PROPOSED ACTIVITY

18. WERE YOU, OR WAS YOUR AGENCY CONSULTED IN THE PLANNING OF THE PROPOSED PROJECT(S) DESCRIBED IN SECTION II?

☐ YES☒ NO

18a. IF "YES", (Item 18 above), DESCRIBE IN WHAT MANNER AND AT WHAT POINT YOU OR YOUR AGENCY PARTICIPATED IN THE PLANNING OF THE PROPOSED PROJECT.

19. HOW WILL THE PROPOSED PROJECT(S) COMPLEMENT AND BE COORDINATED WITH YOUR CURRENT AND PLANNED ACTIVITIES AFFECTING THE POOR?


20. WHAT IS YOUR OPINION OF THE PROPOSED PROJECT(S)? STATE ANY OTHER FACTORS WHICH YOU BELIEVE SHOULD INFLUENCE OEO'S DECISION ON WHETHER TO FUND THE PROJECT(S).

21. DO YOU, OR YOUR AGENCY (other than a Clearinghouse), PLAN TO PROVIDE SUPPORT (through the provision of services to beneficiaries, technical assistance or other assistance) TO THE PROPOSED PROJECT? (If "Yes", describe the specific kinds of support.)

☐ YES☐ NO ?

SECTION II.

OFFICIAL OR AGENCY RESPONDING TO FORM

12. TITLE OF OFFICIAL OR AGENCY RESPONDING Midlands Community Action Agency				13. DATE OF RESPONSE	
14. ADDRESS					
NO. AND STREET 2000 Washington Street		CITY Columbia	COUNTY Richland	STATE SC	ZIP CODE 29204
15. TYPED NAME AND TITLE OF INDIVIDUAL COMPLETING THIS FORM Dewey Duckett, Jr., Director		16. SIGNATURE 		17. TELEPHONE NO. (Include Area Code) 803/779-7250	

SECTION III.

COMMENTS ON PROPOSED ACTIVITY

18. WERE YOU, OR WAS YOUR AGENCY CONSULTED IN THE PLANNING OF THE PROPOSED PROJECT(S) DESCRIBED IN SECTION II

☒ YES☐ NO

18a. IF "YES", (Item 18 above), DESCRIBE IN WHAT MANNER AND AT WHAT POINT YOU OR YOUR AGENCY PARTICIPATED IN THE PLANNING OF THE PROPOSED PROJECT.

In assisting with last years activities, 86 families assisted of 175 applications. Our Agency actively participates in and supports the project.

19. HOW WILL THE PROPOSED PROJECT(S) COMPLEMENT AND BE COORDINATED WITH YOUR CURRENT AND PLANNED ACTIVITIES AFFECTING THE POOR?

This Program makes an essential impact into and on our attact on the poverty causing elements in our target areas. It complements and accents our outreach program in the four county area.

20. WHAT IS YOUR OPINION OF THE PROPOSED PROJECT(S)? STATE ANY OTHER FACTORS WHICH YOU BELIEVE SHOULD INFLUENCE OEO'S DECISION ON WHETHER TO FUND THE PROJECT(S).

The proposed project is essential in dealing with total problems within the area, with emphasis on energy conservation as well as direct aid to the poor.

21. DO YOU, OR YOUR AGENCY (other than a Clearinghouse), PLAN TO PROVIDE SUPPORT (through the provision of services to beneficiaries, technical assistance or other assistance) TO THE PROPOSED PROJECT? (If "Yes", describe the specific kinds of support.)

☒ YES☐ NO

We will support and assist in the coordination of efforts to achieve desired goals in our four county area.

SECTION II.

OFFICIAL OR AGENCY RESPONDING TO FORM

12. TITLE OF OFFICIAL OR AGENCY RESPONDING
Neighborhood Legal Assistance Program

13. DATE OF RESPONSE

14. ADDRESS

NO. AND STREET

119 Spring Street

CITY

Charleston

COUNTY

Charleston

STATE

SC

ZIP CODE

29403

15. TYPED NAME AND TITLE OF INDIVIDUAL
COMPLETING THIS FORM

Cleveland Stevens, Director

16. SIGNATURE

Cleveland Stevens

17. TELEPHONE NO. (Include Area
Code)

803/722-0107

SECTION III.

COMMENTS ON PROPOSED ACTIVITY

18. WERE YOU, OR WAS YOUR AGENCY CONSULTED IN THE PLANNING OF THE PROPOSED PROJECT(S) DESCRIBED IN SECTION II?

☐ YES

☒ NO

18a. IF "YES", (Item 18 above), DESCRIBE IN WHAT MANNER AND AT WHAT POINT YOU OR YOUR AGENCY PARTICIPATED IN THE PLANNING OF THE PROPOSED PROJECT.

19. HOW WILL THE PROPOSED PROJECT(S) COMPLEMENT AND BE COORDINATED WITH YOUR CURRENT AND PLANNED ACTIVITIES AFFECTING THE POOR?

20. WHAT IS YOUR OPINION OF THE PROPOSED PROJECT(S)? STATE ANY OTHER FACTORS WHICH YOU BELIEVE SHOULD INFLUENCE OEO'S DECISION ON WHETHER TO FUND THE PROJECT(S).

21. DO YOU, OR YOUR AGENCY (other than a Clearinghouse), PLAN TO PROVIDE SUPPORT (through the provision of services to beneficiaries, technical assistance or other assistance) TO THE PROPOSED PROJECT? (If "Yes", describe the specific kinds of support.)

☐ YES

☐ NO

SECTION II.

OFFICIAL OR AGENCY RESPONDING TO FORM

12. TITLE OF OFFICIAL OR AGENCY RESPONDING

Orangeburg Area Commission for Economic Progress, Inc.

13. DATE OF RESPONSE

10-20-75

14. ADDRESS

NO. AND STREET

PO Drawer 710

CITY

Orangeburg

COUNTY

Orangeburg

STATE

S.C.

ZIP CODE

29115

15. TYPED NAME AND TITLE OF INDIVIDUAL COMPLETING THIS FORM

Hunter Stewart, Director

16. SIGNATURE

Hunter B Stewart

17. TELEPHONE NO. (Include Area Code)

803/536-1027

SECTION III.

COMMENTS ON PROPOSED ACTIVITY

18. WERE YOU, OR WAS YOUR AGENCY CONSULTED IN THE PLANNING OF THE PROPOSED PROJECT(S) DESCRIBED IN SECTION II?

☒ YES☐ NO

18a. IF "YES", (Item 18 above), DESCRIBE IN WHAT MANNER AND AT WHAT POINT YOU OR YOUR AGENCY PARTICIPATED IN THE PLANNING OF THE PROPOSED PROJECT.

The South Carolina Association was briefed and helped plan this project. We are members of the South Carolina Association.

19. HOW WILL THE PROPOSED PROJECT(S) COMPLEMENT AND BE COORDINATED WITH YOUR CURRENT AND PLANNED ACTIVITIES AFFECTING THE POOR?

We will be a delegate agency for this project as we have been in the past in similar projects.

20. WHAT IS YOUR OPINION OF THE PROPOSED PROJECT(S)? STATE ANY OTHER FACTORS WHICH YOU BELIEVE SHOULD INFLUENCE OEO'S DECISION ON WHETHER TO FUND THE PROJECT(S).

This winterizing project has been one of the priorities of this agency and one which we have been working on for the past three years, and all funds are extremely limited. Although we will be receiving a very small amount of funds through this project, they are necessary to overall operation.

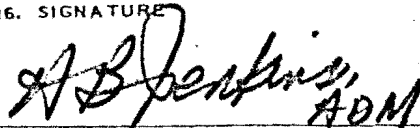
21. DO YOU, OR YOUR AGENCY (other than a Clearinghouse), PLAN TO PROVIDE SUPPORT (through the provision of services to beneficiaries, technical assistance or other assistance) TO THE PROPOSED PROJECT? (If "Yes", describe the specific kinds of support.)

☒ YES☐ NO

We will be a delegate agency and cooperate with the SEOO.

SECTION II.

OFFICIAL OR AGENCY RESPONDING TO FORM

12. TITLE OF OFFICIAL OR AGENCY RESPONDING Sea Island Comprehensive Health Care Corporation			13. DATE OF RESPONSE 10/30/75	
14. ADDRESS				
NO. AND STREET Route 3 Box 225		CITY Johns Island	COUNTY Charleston	STATE SC
15. TYPED NAME AND TITLE OF INDIVIDUAL COMPLETING THIS FORM James Martin, Director		16. SIGNATURE  ADM		17. TELEPHONE NO. (Include Area Code) 803/559-5501

SECTION III.

COMMENTS ON PROPOSED ACTIVITY

18. WERE YOU, OR WAS YOUR AGENCY CONSULTED IN THE PLANNING OF THE PROPOSED PROJECT(S) DESCRIBED IN SECTION II

☐ YES☒ NO

18a. IF "YES", (Item 18 above), DESCRIBE IN WHAT MANNER AND AT WHAT POINT YOU OR YOUR AGENCY PARTICIPATED IN THE PLANNING OF THE PROPOSED PROJECT.

19. HOW WILL THE PROPOSED PROJECT(S) COMPLEMENT AND BE COORDINATED WITH YOUR CURRENT AND PLANNED ACTIVITIES AFFECTING THE POOR?

Last year Sea Island Comprehensive Health Care Corporation provided home repairs for 384 clients. We anticipate a greater need as a result of surveys and requests from the community. The proposed program would be a much needed dimension in order to increase our capability in providing services.

20. WHAT IS YOUR OPINION OF THE PROPOSED PROJECT(S)? STATE ANY OTHER FACTORS WHICH YOU BELIEVE SHOULD INFLUENCE OEO'S DECISION ON WHETHER TO FUND THE PROJECT(S).

The program is a much needed one. Over 18 percent of the Sea Island population is 65 years of age and older.

21. DO YOU, OR YOUR AGENCY (other than a Clearinghouse), PLAN TO PROVIDE SUPPORT (through the provision of services to beneficiaries, technical assistance or other assistance) TO THE PROPOSED PROJECT? (If "Yes", describe the specific kinds of support.)

☐ YES☒ NO

SECTION II.

OFFICIAL OR AGENCY RESPONDING TO FORM

12. TITLE OF OFFICIAL OR AGENCY RESPONDING

Waccamaw Economic Opportunity Council, Inc.

13. DATE OF RESPONSE

10/30/75

14.

ADDRESS

NO. AND STREET

PO Box 671

CITY

Conway

COUNTY

Horry

STATE

S.C.

ZIP CODE

29526

15. TYPED NAME AND TITLE OF INDIVIDUAL COMPLETING THIS FORM

Samuel Hudson, Director

16. SIGNATURE

Samuel B. Hudson

17. TELEPHONE NO. (Include Area Code)

803/248-4208

SECTION III.

COMMENTS ON PROPOSED ACTIVITY

18. WERE YOU, OR WAS YOUR AGENCY CONSULTED IN THE PLANNING OF THE PROPOSED PROJECT(S) DESCRIBED IN SECTION II

☒ YES☐ NO

18a. IF "YES", (Item 18 above), DESCRIBE IN WHAT MANNER AND AT WHAT POINT YOU OR YOUR AGENCY PARTICIPATED IN THE PLANNING OF THE PROPOSED PROJECT.

We were notified at a SCACAA meeting. This Agency had input at that time.

19. HOW WILL THE PROPOSED PROJECT(S) COMPLEMENT AND BE COORDINATED WITH YOUR CURRENT AND PLANNED ACTIVITIES AFFECTING THE POOR?

This Agency will act as a delegate Agency. This will continue a project we started during the winter season.

20. WHAT IS YOUR OPINION OF THE PROPOSED PROJECT(S)? STATE ANY OTHER FACTORS WHICH YOU BELIEVE SHOULD INFLUENCE OEO'S DECISION ON WHETHER TO FUND THE PROJECT(S).

This is a most worthwhile project. The poor are made more comfortable during the cold weather, also this project will reduce the amount of energy consumed.

21. DO YOU, OR YOUR AGENCY (other than a Clearinghouse), PLAN TO PROVIDE SUPPORT (through the provision of services to beneficiaries, technical assistance or other assistance) TO THE PROPOSED PROJECT? (If "Yes", describe the specific kinds of support.)

☒ YES☐ NO

We will administer a portion of the project.



South Carolina

Project Notification & Review System

CORRECTED COPY

Through: District # _____ Clearinghouse

TO: State Clearinghouse
Wade Hampton Office Bldg.
Columbia, South Carolina 29201
Telephone 758-2946

The applicant hereby gives notice of intention to apply for federal assistance from the sources and for the purpose described herein.

STATE APPLICATION IDENTIFIER CLEARINGHOUSE USE ONLY

Control Number _____
Supplemental #1 _____
Supplemental #2 _____
Supplemental #3 _____

Suspense Date _____

Office of the Governor
A. Applicant Division of Economic Opportunity
(official name)
Address PO Box 1520, 1321 Lady St.
Columbia, S.C. 29202 Phone 758-3191
B. Person Authorizing Notification J. Lee Spratt
Signature *J. Lee Spratt* Phone 758-3191

C. Project Contact Paul L. Ross
Phone 803/758-3191

Notification Date _____
Date Application
to be Filed _____

D. Project Name OPERATION ANTI-FREEZE #II, "Winterization Energy Program"
E. Project Period: From 11 / 1 / 75 To 8 / 31 / 76 F. New ☐ or Continuing ☒

G. Summary Description:
The State Division of Economic Opportunity will be the grantee with the seventeen CAAs acting as delegate agencies for the continuation of a state-wide Winterization Energy Program. The program will be South Carolina's second year of helping to winterize and repair homes for the poor and poor elderly. Last year 1,434 homes for the elderly and other indigent persons were repaired. This year with an increase in the funding level we anticipate a substantial increase in the number of homes winterized or repaired. We hope to serve an estimated 3,000 families during Operation Anti-Freeze #II. As you will note, we are requesting \$282,000 from the Department of Commerce which will be used for the hiring of approximately 52 people as carpenters, carpenter helpers, and program directors of the statewide program. The materials and supplies for the program will be provided through the \$94,182 Community Service funds... (Continued on Attached page.)

H. County to Be Served all 46 counties
I. Cities/Towns to Be Served state-wide program
J. Estimated Number of People To Be Served 3,000 families
K. Is environmental impact statement required? If so, indicate nature and extent of environmental impact anticipated.

Attach any materials/exhibits which further describe the project and its significance; e.g. maps, detailed narrative, ENVIRONMENTAL IMPACT STATEMENT, etc.

L. SOURCES	M. PROGRAM TITLE	N. PROGRAM NUMBER*	P. AMOUNT
Local	CAA In-Kind		\$ 23,564
State			\$
Federal	CSA		\$ 94,182
Supplemental #1	Dept. of Commerce		\$ 282,000
Supplemental #2			\$
Supplemental #3			\$
Other			\$
TOTAL			\$399,746

*For Federal Programs, Numbers from the CURRENT "Catalog of Federal & Domestic Assistance"

Attachment to SPGD Form 5

Operation Anti-Freeze #II, Winterization Energy Program

There will be other funds and material generated by the individual CAAs to increase the number of homes repaired.

Also emphasis will be placed on identification of other needs and problems brought on by spiraling cost of fuel, inability to pay cash for fuel or electrical power endangering health. Program will include grants, small loans, mediation with utility company or fuel supplier and financial counseling and maintenance of emergency fuel supplies, warm clothing and blankets.

The community action agencies will identify the needy poor and will identify the needy elderly in coordination with the local council on aging, church groups, and other community groups.

The identification of the needy and the establishment of priority of work in counties not covered by a community action agency will be done by the community action agency adjacent to these counties.

Information concerning the program will be announced through the CAAs, news media, churches, and other local community organizations.



South Carolina Project Notification & Review System

PROJECT NOTIFICATION REFERRAL

TO: Lowcountry Regional Planning Council
Post Office Box 93
Yemassee, South Carolina 29945

OCT 06 1975
DIVISION OF
ADMINISTRATION

STATE APPLICATION IDENTIFIER		
Clearinghouse Use Only		
CONTROL NUMBER		
DIST.	NO.	FY
11	0014	6
SUSPENSE DATE		
10/6		

The attached project notification is being referred to your agency in accordance with Office of Management and Budget Circular A-95. This System coordinates the review of proposed Federal or federally assisted development programs and projects. Please provide comments below, relating the proposed project to the plans, policies, and programs of your agency. All comments will be reviewed and compiled by the State Clearinghouse. Any questions may be directed to this office by phone at 758-2946. Please return this form prior to the above suspense date to:

State Clearinghouse
Division of Administration
1205 Pendleton Street
Columbia, South Carolina 29201

Signature Elmer C. Whitten Jr.
Name Elmer C. Whitten, Jr.

RESULTS OF AGENCY REVIEW

- ☐ PROJECT CONSISTENT WITH AGENCY PLANS AND POLICIES
- ☐ AGENCY REQUESTS CONFERENCE TO DISCUSS COMMENTS
- ☐ AGENCY COMMENTS ON CONTEMPLATED APPLICATION AS FOLLOWS:

Please note comment by:

Lt. Governor W. Brantley Harvey, Jr.

(Use separate continuation sheets if necessary)

FOR THE REVIEWING AGENCY:
SIGNATURE: [Signature] DATE: October 3, 1975
TITLE: Executive Director PHONE: 589-2751

P. O. Box 98
Yemassee, South Carolina 29945

CLEARINGHOUSE
USE ONLY
CONTROL NUMBER

Dist.		No.				FY
1	1	0	0	1	4	6

Suspense Date 10-3-75

Governor W. Brantley Harvey, Jr.
P. O. Box 142
Columbia, South Carolina 29201

The attached project notification describing a contemplation for federal assistance is being referred to your office for review and comments. Please provide your office's comments in the space below and return by the above suspense date to this office.

N. S. Thompson
N. S. Thompson, Executive Director

- ☐ OFFICE HAS NO COMMENTS.
- ☐ OFFICE REQUESTS CONFERENCE PRIOR TO MAKING COMMENTS.
- ☒ OFFICE COMMENTS ON CONTEMPLATED APPLICATION.

Recommend approval

(Use reverse side or separate continuation sheets if necessary.)

Signature W. Brantley Harvey Jr. Date _____
Title _____ Telephone _____



South Carolina Project Notification & Review System

PROJECT NOTIFICATION REFERRAL

TO: Commission on Aging
915 Main Street
Columbia, SC 29201

RECEIVED
SEP 29 1975
ADMINISTRATION

STATE APPLICATION IDENTIFIER

Clearinghouse
Use Only

CONTROL NUMBER

DIST. NO. FY
11 0014 6

SUSPENSE DATE
10/6

The attached project notification is being referred to your agency in accordance with Office of Management and Budget Circular A-95. This System coordinates the review of proposed Federal or federally assisted development programs and projects. Please provide comments below, relating the proposed project to the plans, policies, and programs of your agency. All comments will be reviewed and compiled by the State Clearinghouse. Any questions may be directed to this office by phone at 758-2946. Please return this form prior to the above suspense date to:

State Clearinghouse
Division of Administration
1205 Pendleton Street
Columbia, South Carolina 29201

Signature

Name Elmer C. Whitten, Jr.

RESULTS OF AGENCY REVIEW

- ☒ PROJECT CONSISTENT WITH AGENCY PLANS AND POLICIES
☐ AGENCY REQUESTS CONFERENCE TO DISCUSS COMMENTS
☐ AGENCY COMMENTS ON CONTEMPLATED APPLICATION AS FOLLOWS:

The Commission on Aging endorses this proposal enthusiastically.

RECEIVED

SEP 17 1975

S. C. COMMISSION
ON AGING

(Use separate continuation sheets if necessary)

FOR THE REVIEWING AGENCY:

SIGNATURE:

TITLE:

DATE:

PHONE:

Mary K. Sherat
Director of Planning

9/25/75
758-2576

GRANTEE REFUNDING CERTIFICATION

RESERVED FOR OMB APPROVAL

NAME OF GRANTEE

State Office of Economic Opportunity

GRANT NO.

40632

DATE SUBMITTED

SECTION I. CERTIFICATION OF GRANTEE ELIGIBILITY DOCUMENTS. (The following listed documents were previously filed with the Office of Economic Opportunity. Grantee must check applicable column and attach changes, if any.)

DOCUMENT	NO CHANGE	CHANGED	ATTACH- MENT NO.	FOR OEO USE ONLY
1. ONE TIME SUBMISSIONS PREVIOUSLY REQUIRED (Update as required. These forms need only be resubmitted if there is a change in designation.)	X			
A. OEO FORM 370, "APPLICATION FOR RECOGNITION OF A CAA"	X			
B. OEO FORM 372, "ATTORNEY'S CERTIFICATION"	X			
C. OEO FORM 373, "APPLICATION FOR DESIGNATION OF A CAA UNDER SECTION 210(A)"	X			
D. OEO FORM 374, "NOTICE TO POLITICAL SUBDIVISION OF APPLICATION FOR RECOGNITION OF LOCAL CAA UNDER SEC 210(A) OF EOA"	X			
E. OEO FORM 375, "CERTIFICATION OF COMPLIANCE WITH SEC. 211 OF THE 1967 AMENDMENTS OF THE EOA"	X			
2. SUBMISSIONS PREVIOUSLY REQUIRED ANNUALLY (Update as changes occur.)	X			
A. ARTICLES OF INCORPORATION OR CHARTER	X			
B. CAP FORM 3, "CAA BASIC INFORMATION"	X			
C. BY-LAWS OR RULES OF ORGANIZATION	X			
D. PERSONNEL POLICIES AND PROCEDURES	X			
E. BIOGRAPHIC DATA ON KEY STAFF EMPLOYEES	X			
F. CAP FORM 87, "DELEGATE AGENCY BASIC INFORMATION"	X			
G. STATEMENT OF ACCOUNTING SYSTEM	X			
H. PRELIMINARY AUDIT SURVEY AND RESPONSE	X			
I. CURRENT BOND	X			
J. CURRENT MULTI-YEAR PLANNING DOCUMENT	X			
K. Inventory of Property	X			
L. Affirmative Action	X			
M. Annual Audit	X			
N. Self Evaluation	X			
TOTAL ATTACHMENTS				

COMMENTS

SECTION II.

CERTIFICATION OF COMPENSATION COMPARABILITY

The salaries and fringe benefits of all employees of this applicant which are supported by OEO funds, or are counted as contribution to the non-Federal share under a grant made by OEO have been reviewed according to OEO instructions and comparability has been established.

Documentation of the methods by which the applicant established comparability is available in applicant's files for review by persons authorized by OEO and personnel of the General Accounting Office.

Any amendment in the future to the OEO approved salary schedule resulting in a general raise in salaries or any change or increase in fringe benefits for all employees shall be based on a current determination of compensation comparability.

SECTION III.

TITLE VI OF THE CIVIL RIGHTS ACT

The applicant AGREES that it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and the Regulations of the Office of Economic Opportunity issued pursuant to that title (45 C.F.R. Part 1010), to the end that no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance either directly or indirectly from the Office of Economic Opportunity; and HEREBY GIVES ASSURANCE THAT it will immediately, in all phases and levels of programs and activities, install an affirmative action program to achieve equal opportunities for participation, with provisions for effective periodic self-evaluation.

In the case where the Federal financial assistance is to provide or improve or is in the form of personal property, or real property or interest therein or structures thereon, this assurance shall obligate the Applicant, or, in the case of a subsequent transfer, the transferee, for the period during which the property is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services and benefits, or for as long as the Applicant retains ownership or possession of the property, whichever is longer. In all other cases, this assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining either directly or indirectly any and all Federal grants, loans, contracts, property, or discounts, the referral or assignment of VISTA volunteers, or other Federal financial assistance extended after the date hereof to the Applicant by the Office of Economic Opportunity, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Applicant.

SECTION IV.

MAINTENANCE OF EFFORT

Funds or other resources devoted to programs or activities designed to meet the needs of the poor within the community will not be diminished in order to provide non-Federal share contributions for the Grantee.

With respect to each program account in this funding request:

- (1) The amounts claimed as non-Federal share represent net increase over expenditures from non-Federal sources made for similar activities during the twelve months prior to initial application to OEO for the program account.
- (2) The program account services will be in addition to, not in substitution for, services previously provided without Economic Opportunity Act assistance.

SECTION V.

CERTIFICATION

We hereby CERTIFY that to the best of our knowledge and belief the information shown on this form and the documents, if any, attached hereto, accurately represent the status of the above-named grantee as of the date of this certification.

We further CERTIFY that we are complying, and will continue to comply, with the provisions and policies stated in Sections II through IV of this form.

TYPED NAME OF EXECUTIVE DIRECTOR

J. Lee Spratt

TYPED NAME OF CHAIRMAN OF THE BOARD

SIGNATURE

SIGNATURE

DATE

DATE



Project Notification & Review System

AUTHORIZATION TO FILE APPLICATION

NOT VALID WITHOUT ATTACHED STATE OR
LOCAL AGENCY COMMENTS LISTED BELOW.

CLEARINGHOUSE USE ONLY CONTROL NUMBER		
DIST.	NO	FY
11	0014	6
DATE RECEIVED 9/15		
SUSPENSE DATE 10/15		
AUTHORIZATION EX- PIRES ONE(1) YEAR FROM CLEARANCE DATE LISTED BELOW.		

TO: Office of the Governor
Division of Economic Opportunity
P .O. Box 1520
Columbia, SC 29202

ATTENTION:
Paul L. Ross

The A-95 review process has been completed. The clearinghouses have reviewed your Project Notification form pertaining to

Operation Anti-Freeze #11, "Winterization Energy Program"

The Clearinghouses have no objection to the preparation of an application for Federal assistance for this project. You are requested to take action on the attached comments, if appropriate, in preparing your application. This form and attached comments must be included in your formal grant application. When your formal application is filed, please submit the attached pre-addressed, postage paid card to the Clearinghouse.

State Clearinghouse
Division of Administration
1205 Pendleton Street
Columbia, South Carolina 29201
(Telephone: 758-2946)

Regional Clearinghouse

By Elmer C. Whitten, Jr.

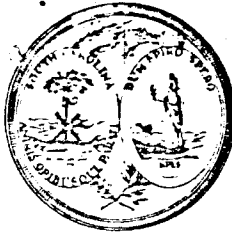
By _____

Date Oct 8, 1975

Date _____

Enclosures: Comments, if any, made by interested State agencies: Commission on Aging;
Lowcountry Regional Planning Council;

Comments, if any, made by interested local agencies:



State of South Carolina

JAMES B. EDWARDS
GOVERNOR
J. LEE SPRATT
STATE DIRECTOR

October 13, 1975

OFFICE OF THE GOVERNOR
DIVISION OF ECONOMIC OPPORTUNITY
POST OFFICE BOX 1520
COLUMBIA, S. C. 29202

MEMORANDUM

TO: ALL CAA Directors
Directors, Single Purpose Agencies
Director, S.C. Commission on Aging

FROM: J. Lee Spratt, State Director
Division of Economic Opportunity *J. Lee Spratt*

SUBJECT: Attached CSA Form 394 on Operation Anti-Freeze #II
"Winterization Energy Program"

Enclosed for your information, signature, and comments is CSA Form 394
on Operation Anti-Freeze #II, "Winterization Energy Program."

Please review the enclosed form and return the signed form with your
comments to this office no later than November 3, 1975.

Thank you for your assistance in helping us coordinate this program.

/abs

Enclosure



State of South Carolina

JAMES B. EDWARDS
GOVERNOR
J. LEE SPRATT
STATE DIRECTOR

October 10, 1975

OFFICE OF THE GOVERNOR
DIVISION OF ECONOMIC OPPORTUNITY
POST OFFICE BOX 1520
COLUMBIA, S.C. 29202

MEMORANDUM

TO: All CAA Directors

FROM: J. Lee Spratt, State Director
Division of Economic Opportunity

SUBJECT: Operation Anti-Freeze #II, Winterization Program

Re: \$94,182 CSA Grant and \$23,564 In-Kind

Attached are the special conditions concerning the above captioned grant to the State Office. Also attached are CSA Instruction No. 6143-1 dated July 23, 1975, Subject: "Emergency Energy Conservation Program" for your information and guidance.

This Energy Conservation Grant was made to the state, to the State Office, however, the CAAs must comply with the special conditions which requires an itemized "cost breakout" of funds which will be used specifically for winterization. The CAAs must also comply with the guidelines as outlined in CSA Instruction No. 6143-1.

You will note from the special condition that the State Office must submit a work program acceptable to the Regional Office for this grant. This work program will consist of what each of you intend to use your allocation of these funds for, according to the guidelines. Please note in paragraph 10, page 5, of CSA Instruction 6141-1, that at least ninety per cent of the funds provided under this grant shall be expended for winterization materials. The remaining ten per cent should be used for emergency assistance to prevent hardship or endangerment to health due to utility shut-off or lack of fuel as noted in paragraph 6 b, page 2, of CSA Instruction No. 6143-1. We intend to consolidate this into one work program for all seventeen CAAs.

In order that we can prepare this work program and have the funds released by CSA, in turn to you, we will need a work program from you on CSA Form 419, GAP A/5 Form, and itemized cost breakout indicating how you intend to use the amount of funds allocated to you. We recommend the generally accepted formula of a \$1,000 base for each capped county and \$.091 for each poor person in each county. Your share of the in-kind match requirement is based on \$.0396 for each poor person in each county. It is the responsibility of each CAA which is assuming additional uncapped counties (Greenville, Orangeburg-Calhoun, and Aiken CAAs) to insure that the in-kind share for the uncapped counties is obtained.

October 10, 1975

To expedite the release of these funds we are asking that you submit your CSA Form 419, GAP A/5 Form, and itemized cost breakout to reach us no later than Monday, November 3, 1975. We will assume that you do not wish to receive these funds if your work program is not received by that date. Paul L. Ross, the Project Officer, briefed you thoroughly on this program during the CAP Directors Meeting in Myrtle Beach on September 10, 1975, so that you would have the maximum amount of time possible in the thinking out and initiating your work program.

While this time frame for submission of these documents to the State Office for consolidation into the state-wide work program may appear to be relatively short, it must be remembered that there are many factors involved which could delay the actual beginning of this project until such time as the maximum benefits could not be realized from it. First we must consolidate the report, submit it to Atlanta for review and approval, receive, sign, and return the Form 314 if work program is approved, wait for the funds to be received from Treasury, when funds are received, deposit them with State Treasurer, initiate vouchers for checks to all delegate agencies, submit vouchers to Comptroller for payment, receive checks from Comptroller, and mail to agencies.

Unless we move fast on this project, winter will be half or even over by the time all of the above is accomplished. All of our agencies have and are even now faced with extremely short time frames and crash projects and programs on practically a daily basis. I have confidence in all our CAAs that they can get the job done in the time required. The State Office is prepared to give technical assistance, if necessary and upon request in the usual manner.

Again, as we did in the CP&N Program, work programs not received in the State Office by November 3, 1975, cannot be considered. It is simply not fair to hold up a state-wide program involving all 46 counties simply because one or more CAAs do not get in their required work programs.

Actually, each agency can just about take last year's program, review it against the current guidelines, a copy of which is attached, make pencil changes to bring it into line with what you plan for this winter, and type up the forms. This should not be too difficult, although we realize that everyone would like to have more time. This is why Paul L. Ross came down to the Myrtle Beach Meeting and briefed you, and in his remarks, he mentioned the fact that you should start thinking about this year's program and begin assembling the data, etc. That was the second week in September, so the entire thing isn't brand new.

To assist you in meeting some of the requirements of the guidelines, we are enclosing a sample application form to be used by persons in applying for assistance. Also enclosed is a sample consent of owner to make repairs form, work estimate form, and a work completion form, all of which are self-explanatory.

The labor for this program will be provided through your own resources and through a special grant request the SEOO has submitted to the Department of Commerce, if it is approved. Information on this special grant will be available as soon as a decision is made on our request with the Department of Commerce. We expect a decision by October 15, 1975.

Operation Anti-Freeze #II

Page three

October 10, 1975

Also attached for your convenience and assistance is a copy of a reduced in size CSA Form 419 and A/5. Please reproduce these, if necessary, and use this size form. It is adaptable for our book-sized work program submitted to Atlanta, and saves us from having to have the long forms photocopies and reduced to a smaller size.

I might add that Governor Edwards was highly impressed with last year's program and has expressed a tremendous amount of interest in this year's project. I am confident that we can depend on his full support in this activity.

Should you have any questions concerning this memorandum or the program, please get in touch with Paul L. Ross, Project Officer.

JLS/Rds

Enclosures: 8

ADDED

The preparation and submission of the work program for this project DOES NOT REPEAT DOES NOT require prior Board approval. We have checked with Atlanta and they have confirmed this. This should speed up the submission and eliminate delays which occurred in the CF&N Program.

SPECIAL CONDITION

1. NAME OF GRANTEE

SOUTH CAROLINA STATE ECONOMIC OPPORTUNITY OFFICE

2. GRANT NO. PROGRAM YR. ACTION NO.

40632

75

1503

3. SPECIAL CONDITION APPLIES TO:

a. ☒ ALL PROGRAM ACCOUNTS IN GRANT ACTION b. ☐ ONLY PROGRAM ACCOUNT NUMBER(S)

This grant is subject to the Special Condition below, in addition to the applicable General Conditions governing grants under Title II or III-B of the Economic Opportunity Act of 1964 as amended.

This grant is for use throughout the State, and is to be delegated to CAAs by the South Carolina SEOO with the advice and consent of the South Carolina Association of Community Action Agencies, Inc. The delegation and assignment of funds must be by appropriate delegate agreement and approved by the Regional Office.

SPECIAL CONDITION

1. NAME OF GRANTEE

2. GRANT NO. PROGRAM YR. ACTION NO.

SOUTH CAROLINA STATE ECONOMIC OPPORTUNITY OFFICE

40632

75

83 15

SPECIAL CONDITION APPLIES TO:

a. ☒ ALL PROGRAM ACCOUNTS IN GRANT ACTION b. ☐ ONLY PROGRAM ACCOUNT NUMBER(S)

This grant is subject to the Special Condition below, in addition to the applicable General Conditions governing grants under Title II or III-B of the Economic Opportunity Act of 1964 as amended.

Prior to release of funds in this grant action the grantee must submit, for Regional Office approval, a Work Program outlining the energy activities to be conducted. Funds which will be used specifically for Winterization must be identified with an itemized "cost break-out".

Type of Issuance
CSA INSTRUCTION

Number
6143-1

COMMUNITY SERVICES
ADMINISTRATION
WASHINGTON, D. C. 20506

Subject
EMERGENCY ENERGY CONSERVATION
PROGRAM

Date
July 23, 1975
Office of Primary Responsibility
Operations

Supersedes

Distribution
ER, 10, 15, 35-4, 45-1

EFFECTIVE DATE: July 28, 1975

APPLICABILITY: This Instruction is applicable to grantees funded under Title II and Title VII of the Community Services Act of 1974.

- REFERENCES:
- (1) Section 222(a) (12) of the Community Services Act of 1974
 - (2) OEO Instruction 6710-1, Applying for a CAP Grant
 - (3) OEO Instruction 6710-1, CH6, Simplification of OEO Grant Refunding Process
 - (4) OEO Instruction 6710-1, CH5, Consolidation of Checkpoint Forms 46, 76, and 77
 - (5) OEO Instruction 6802-2 Non-Federal Share Criteria
 - (6) OEO Instruction 6802-3 Non-Federal Share Requirements for Title II, Sections 221, 222(a) and 231 Programs
 - (7) OEO Instruction 7850-1a, Standards for Evaluating CSA-Administered Programs and Projects

1. PURPOSE

The purpose of this Instruction is to (1) inform eligible grantees of a new provision in the CSA legislation which provides for funding of energy conservation programs; and (2) provide funding guidance to prospective grantees.

2. INTRODUCTION

Section 222(a) of the Community Services Act of 1974 includes a new subsection 12 that authorizes:

"A program to be known as Emergency Energy Conservation Services to enable low-income individuals and families, including the elderly and the near poor to participate in energy conservation programs designed to lessen the impact of the high cost of energy on such individuals and families and to reduce individual and family energy consumption." (Emphasis added)

This Instruction discusses the purposes of the program, conditions of the program, funding policies, programs eligible for funding, application submission offices and required application documents.

3. PURPOSES OF THE SPECIAL EMPHASIS PROGRAM

The major assumption underlying this program is that the problems of the low-income created by the energy crisis have severely limited their ability to maintain minimum living conditions and in some cases, to survive. While the long-range goal is to conserve energy and lessen the impact of the high cost of fuel for poor people, particularly through programs to increase the thermal efficiency of their dwellings, there are or will be in many communities emergency cases calling for programs of crisis intervention to restore utility service or prevent cutoff, provide emergency fuel deliveries or support other activities to assist those suffering serious hardships which endanger their health, especially if there are future increases in energy prices.

4. ELIGIBLE PARTICIPANTS

Low-income individuals and families, including the elderly and near poor, are eligible to participate in programs funded under this Section of the Act. For this program, the near poor are those persons in families or unrelated individuals whose incomes are between 100% and 125% of the poverty thresholds as established in CSA's current Poverty Guidelines.

5. ELIGIBLE APPLICANTS

CAAs, SECOs, non-profit CDCs and other public and/or private non-profit organizations and agencies that meet CSA eligibility criteria may apply.

6. PROGRAMS ELIGIBLE FOR FUNDING

Major emphases of programs eligible for funding include:

- a. Winterizing: Making home repairs and retrofitting dwellings to minimize heat loss and improve thermal efficiency. Components include first, repairing of broken windows, patching of roofs and walls, and caulking of cracks and joints to reduce or prevent infiltration; second, insulating of attic, floors, walls, weather-stripping of doors and windows, and foundation banking; third, the lessening of infiltration problems may necessitate such measures as replacement of heating sources, replacement of furnace filters, minor adjustments and repair of heating systems or replacement of dangerous heating sources to assure that health hazards are not created due to malfunctioning heating sources. Such costs should be supported by funds from other sources, such as FmHA 504 loans or HUD funds, in any case where costs for minimum corrective action would require expenditures in excess of the maximum amounts as specified in page 4 paragraph 2.
- b. Emergency Assistance: Intervention to prevent hardship or endangerment to health due to utility shut-off or lack of fuel. Components may include grants, loans, or payment guarantees; mediation with utility company or fuel supplier and financial counseling; and maintenance of emergency fuel supplies, warm clothing, and blankets.

- c. Other support activities as authorized by Section 222(a)(12), e.g. technical assistance, assessment studies, alternate energy supplies, outreach activities, demonstration of innovative and new techniques and solutions.

7. PROGRAM POLICY

a. Winterization

The Office of Operations, CSA Headquarters, will issue a Community Action Guide to Winterizing which, in addition to reviewing techniques and available materials, will provide indicators for optimal combinations of energy conservation techniques for different climatic conditions and fuel costs, based on studies of the National Bureau of Standards.

Funded projects shall provide either in the proposal or in accordance with a Special Condition that in the case of winterization programs each administering agency shall on the basis of these indicators establish program standards including an optimal combination of energy conservation techniques to be attained by the program. The standards shall include a requirement that adequate repairs to stop infiltration shall be made in conjunction with the insulation of any building, and shall establish a model of optimal winterization standards for a dwelling of 1200 square feet of ground floor space. Where the administering agency is other than the grantee, the grantee may require that the standards be subject to its approval.

For each building to be winterized there shall be a Building Winterization Plan described on a standard form to be supplied by CSA. For each building the Plan will include a description of the building, a description of the existing level of insulation, a description of the optimal combination of energy conservation techniques to be achieved, a description of the amount of work accomplished toward the optimal level in the first program year, and the amount of work which will remain to be accomplished in succeeding program years. The Plan will also include a description of the need for and itemized cost of repairs to be made to prevent infiltration.

b. Program Advisory Committees

Funded projects shall provide that each administering agency shall establish a Project Advisory Committee, made up of at least 51% poor persons and including representatives of the local governments and other resource agencies within the community served as well as a representative or representatives of the local public utility and local fuel dealers.

In the case of winterization programs the Project Advisory Committee shall establish policies for the selection and approval of dwellings to be winterized, and shall approve the program standards described in subparagraph a., including optimal winterization standards.

In view of the limitations on funding under current appropriations, in any case where a Building Winterization Plan calls for expenditures during the first program year of more than two hundred and fifty dollars on any building in a program funded in Federal Region IV, VI, or IX, or more than three hundred and fifty dollars in a program funded in Region I, II, III, V, VII, VIII, or X, the expenditure must be justified in writing and approved by the Project Advisory Committee. Documentation of such justification and approval shall be made available to CSA upon request.

c. Planning and Assessment of Need

A major goal of all funded programs will be a more accurate assessment of the impact on the poor of energy shortages and price increases, and the development of a local planning capability involving major community resources to deal with both emergencies and long range implications of energy cost and availability. An important part of the impact assessment will be participation by all grantees in a program of information retrieval. (See Paragraph 10.c.)

8. FUNDING

a. Source

H.R. 5899 is the appropriation source for the Emergency Energy Conservation Program of Fiscal Year 1975.

b. Funding Offices

CSA Regional Offices will receive grant applications for programs local in nature. CSA, Washington, D. C. will receive grant proposals that are national or demonstration in character. Grants will be made on a one-time basis out of FY 1975 funds with priority consideration to CAAs, SEOs, and CDCs.

c. Non-Federal Share

The non-Federal share requirement is waived for demonstration and direct financial assistance programs.

The non-Federal share required for programs funded with FY 1975 funds shall be 20%; for programs funded with FY 1976 funds it shall be 30% except in the case of CAAs with 221 and 222(a) funding of less than \$300,000 per annum where it shall be 25%.

9. APPLICATION REQUIREMENTS

a. Documents Required

Applications shall include at a minimum the following:

- (1) OEO Forms 394 and 419. (Required for all applications.)
- (2) CAP Forms 25 and 25a should be on file with the grantee.
- (3) CAP Forms 5 and 84. (Required for uncapped areas except for CDC's funded under Title VII.)
- (4) Narrative Proposal. (See section b. below).
- (5) Evaluation component. (See section 10.)
- (6) OEO Form 301 and CAP Form 3. (For new grantees only)

b. Contents of Narrative Proposal

The narrative proposal should include a brief narrative of each energy project in terms of:

- (1) Description of problem addressed and the number affected.
- (2) Past efforts in this project area and capacity to expand those efforts.
- (3) Given your local community priorities, why this proposed solution is both feasible and most relevant.
- (4) Non-CSA resource opportunities available for this project; maximum coordination should be sought from other agencies, such as FEMA 504 and 515; CETA; AOA; RSVP; the Emergency Assistance for Families AFDC in HEW. Mobilization of State and local resources is critical to the success of this program in achieving its goals of conservation and the avoidance of hardship.
- (5) Projected results for each project effort with a unit cost estimate. (See paragraph 7.)
- (6) Evaluation design based on the performance standards and appropriate criteria. (See paragraph 10.)

10. ADDITIONAL REQUIREMENTS

a. Administrative Costs

In the case of winterization programs at least ninety per cent of the funds provided under Section 222(a)(12) shall be expended for materials.

b. Evaluation

It is anticipated that the evaluation of energy programs will be two-fold in nature. The first will be self-evaluation by the funded grantees; the design should be included in the proposal. The design should include program goals and provisions for data collection sufficient to assess progress toward those goals. The effectiveness standards (CSA Instruction 7850-1a) should be useful in developing evaluation criteria and instruments.

The second will be a Regional and national effort involving coordination with the Federal Energy Administration, the National Bureau of Standards and other appropriate agencies.

c. Information

The Regional and national evaluation effort will be based on data collected on the Energy Data Form which will be sent to grantees once they are funded.

Bert A. Gallegos
BERT A. GALLEGOS
Director

SOUTH CAROLINA ECONOMIC
OPPORTUNITY OFFICE

JUL 29 1975

RECEIVED

APPLICATION FOR HOME WINTERIZATION

Name: _____

Address: _____

Directions to your home: _____

Telephone: _____

1. Total number of persons within your household: _____

2. Your home is in need of:

A. Ceiling insulation	Yes	_____	No	_____
B. Storm Windows	Yes	_____	No	_____
C. Broken window replacements	Yes	_____	No	_____
D. Weatherstripping	Yes	_____	No	_____
E. Caulking	Yes	_____	No	_____
F. Other-Specify	_____			

3. What kind of fuel do you use to heat your home during the winter months?

Natural Gas	Yes	_____	No	_____
Fuel Oil	Yes	_____	No	_____
Bottle Gas	Yes	_____	No	_____
(such as Butane, Propane)				
Wood	Yes	_____	No	_____
Other-Specify	_____			

4. Who supplies this fuel? Names and addresses of all heating supply firms.

5. Other comments.

Signature of Applicant _____ Date _____

Signature of Outreach Worker _____ Date _____

SAMPLE

CONSENT OF OWNER TO MAKE REPAIRS

NAME OF OWNER _____

ADDRESS OF OWNER _____

TOWN OF OWNER _____

I hereby authorize _____

to make any repairs necessary to winterize the house/apartment owned by me at _____

Yes _____

No _____

I agree that I will not raise the rent on the above mentioned house/apartment for a period of one year after the completion of the authorized repairs.

Yes _____

No _____

I also agree to deduct the cost of the winterization repairs, not to exceed \$ _____ from the rental fee of _____ within a _____ month period of the completion of the repairs. (This is optional).

Yes _____

No _____

DATE _____

SIGNATURE OF OWNER _____

WORK ESTIMATE BY CARPENTER

Name: _____

Address: _____

Date of Estimate: _____

Required Work:

1. Ceiling Insulation ☐ Yes ☐ No

If yes; what are the measurements of the entire attic space?

_____ length _____ width. What is the distance
between the rafters from center _____ inches.

2. Storm windows ☐ Yes ☐ No

If yes, list the measurements for each window frame

	<u>Length</u>	<u>Width</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

3. Broken window replacements ☐ Yes ☐ No

If yes, list the measurements for each window pane which needs to be replaced.

	<u>Length</u>	<u>Width</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

4. Other required work - specify: _____

5. Required materials: _____

6. Are major structural improvements required? Yes ☐ No ☐

If yes, specify: _____

Signature of Carpenter _____

Date _____

WORK COMPLETION REPORT

Name: _____

Address: _____

Date: _____

Total Hours Worked

Distance Travel Time

By Carpenter: _____

By Crew: _____

Number In Crew: _____

List and Cost of Materials

Worked Performed: _____

I am satisfied with the work performed on my home. Yes _____ NO _____

Comments: _____

Signature of Homeowner: _____

This work was completed on _____ (date).

Signature of Carpenter _____

I have inspected and approved this work on _____ (date).

Signature of Energy Project Coordinator: _____

HEATING INDEX 10 Administering Agency Grantee No.: 40632

COLUMN I: Optimal (minus) — COLUMN II: Existing (equals) — COLUMN III: Needed (minus) —

Attic Insulation: R - 11 Attic Insulation: R - _____ Attic: R-_____ = _____ in.hes
 Inches Type A: 4" Inches: _____ Cost/sq.ft: _____
 Inches Type B: 4-6" Type: _____ # sq.ft: _____
 Inches Type C: 2-4" = COST: \$ _____

Floor Insulation: R - 11 Floor Insulation: R - _____ Floor: R-_____ = _____ in.
 Inches: 4" Inches: _____ Cost/sq.ft: _____
 # sq.ft: _____ = COST: \$ _____

Wall Insulation: R - Full Wall Insulation: R - _____ Walls: R-_____ = _____ in.
 Inches: _____ Inches: _____ Cost/sq.ft: _____
 # sq.ft: _____ = COST: \$ _____

Duct Insulation: R - 8 Duct Insulation: R - _____ Ducts: R-_____ = _____ in.
 Inches: 2" Inches: _____ Cost/sq.ft: _____
 Length X 1.5 _____
 Perimeter: _____ = COST: \$ _____

Storm Windows Storm Windows Storm Windows
 Minimum Economical Cost per: _____
 Size: _____ sq.ft X
 # Windows: _____ # Storm Windows: _____ # Windows: _____
 = COST: \$ _____

Storm Doors Storm Doors Storm Doors
 yes no # Storm Doors: _____ Cost per: _____
 # doors: _____ X
 # Doors: _____ = COST: \$ _____

COMPLETION DATA

Date Work Completed: _____/_____/_____ Total Cost: \$ _____
 Work Completed per COLUMN IV? Yes No* *Column V conform?
 Man-hours of Labor: _____ C.E.T.A., _____ Title X, _____ NYC, _____ Volunteers
 _____ Program Funds, _____ Project Mainstream, _____ Other

TOTAL MATERIALS COST: \$ _____
 INFILTRATION COSTS: \$ _____
 (from page one)
 LABOR COSTS (if any): \$ _____
 GRAND TOTAL: \$ _____

Date Plan Completed: _____/_____/_____ Date Work Scheduled: _____/_____/_____

COLUMN IV: This Year (equals) — COLUMN V: Remaining

Attic: R-_____ = _____ in.
 Cost/sq.ft: _____
 X
 # sq.ft: _____ = COST: \$ _____

Floor: R-_____ = _____ in.
 Cost/sq.ft: _____
 X
 # sq.ft: _____ = COST: \$ _____

Walls: R-_____ = _____ in.
 Cost/sq.ft: _____
 X
 # sq.ft: _____ = COST: \$ _____

Ducts: R-_____ = _____ in.
 Cost/sq.ft: _____
 X
 Length X 1.5 _____
 Perimeter: _____ = COST: \$ _____

Storm Windows Storm Windows Storm Windows
 Cost per: _____
 X
 # Windows: _____ # Storm Windows: _____ # Windows: _____
 = COST: \$ _____

Storm Doors Storm Doors Storm Doors
 Cost per: _____
 X
 # Doors: _____ # Storm Doors: _____ # Doors: _____
 = COST: \$ _____

TOTAL MATERIALS COST: \$ _____
 INFILTRATION COSTS: \$ _____
 (from page one)
 LABOR COSTS (if any): \$ _____
 GRAND TOTAL: \$ _____

BUILDING WINTERIZATION PLAN

Name and address of Owner (if not occupant):

Name of Head of Household: Street Address:

I. BUILDING DESCRIPTION

Length ____ ft. (X) Width ____ ft. = Floor Area ____ sq.ft.

Height of rooms ____ ft. Length of exposed heating ducts: ____ ft

Number of Doors: ____ Perimeter of " " ____ ft

Number and size of Windows:

#	L	W	AREA	#	L	W	AREA	#	L	W	AREA

Approx. Age of Bldg. ____ Number of Rooms ____ Rooms used in Winter: ____

Attic Vented: ____ yes ____ no Attic Accessible: ____ yes ____ no

Foundation: ____ cellar ____ slab ____ crawl space

Exterior: ____ frame ____ masonry ____ other

Roof: ____ shakes ____ tar paper ____ metal ____ asphalt shingle

II. HEATING SYSTEM AND ENERGY COST INFORMATION

Which winter mo./yr.? ____

Type and Cost of Fuel (P = Primary, S = Secondary)

Type Monthly Cost Type Monthly Cost

Fuel Oil Amt: ____ gals. \$ ____ Coal/Log Amt: ____ Tons \$ ____

Nat.Gas Amt: ____ therms \$ ____ Bot.Gas, Amt: ____ Lbs. \$ ____

Kerosene Amt: ____ gals. \$ ____ Elect. Amt: ____ Kw/Hr \$ ____

Wood Amt: ____ cords \$ ____ Other Amt: ____ \$ ____

Type of Heat: ____ steam/water, ____ air, ____ stove, ____ fireplace, ____ other

Hot Water: ____ yes, ____ no, Supplied by: ____ gas, ____ elect., ____ furnace

CSA Test Form Oct 1975

III. INFILTRATION PROBLEMS: CIRCLE THE BEST DESCRIPTION OF BUILDING

BUILDING COMPONENT	Ideal	CONDITION	Worse (describe)	MATERIALS/COST TO REPAIR
CELLAR OR	Tight, no cracks, caulked sills, sealed cellar windows, no grade entrance leaks	Stone foundation cracks, no weather stripping on cellar windows, grade entrance not tight	Stone foundation, considerable leakage area, poor seal around grade entrance	
CRAWL SPACE	Plywood floor, no trap door leaks, no leaks around water, sewer and electrical openings	Tongue and groove board floor, reasonable fit on trap doors, around pipes, etc.	Board floor, loose fit around pipes, etc.	
WINDOWS	Storm windows with good fit	No storm windows good fit on regular windows	No storm windows, loose fit on regular windows	
DOORS	Good fit on storm doors	Loose storm doors, poor fit on inside door	No storm doors- loose fit on inside door	
WALLS	Caulked windows and doors building paper used under siding	Caulking in poor repair, building needs paint	No indication of building paper, evident cracks around door and window frame	
ROOF	Snow stays on roof	Snow melts quickly	Holes - loose fitting	

Cost for Weather Stripping and Caulking (if not included above) ____

Total Cost for Correcting Infiltration ____

Cost for Repair or Replacement of Heating Source ____

Subtotal ____

Subtract Amount financed from other sources ____

Name of other Source ____

Total Cost of Stopping Infiltration to be Paid by this Program ____

Office of the Governor
Division of Economic Opportunity

August 14, 1975

MEMORANDUM

TO: CAP Directors

FROM: J. Lee Spratt, State Director 

SUBJECT: "Operation Anti-Freeze" Energy Conservation Program for winter of '76

For your information, we have been informed unofficially that the SEOO will receive approximately \$75,000 for a state-wide Energy Conservation Program for the winter of '76.

This memorandum is to alert you of the program in order to stimulate your planning process for an effective program which should begin in early fall.

The details of the allocation formula of funds to the CAAs will be similar to the formula used during our most recent "Operation Anti-Freeze" Energy Program. Your thinking in terms of an Energy Conservation Program for winter of '76 should start now so there will not be a delay in the submission of the CAP Form 419, Form A/5, CAP Form 325 and 325a, and a narrative proposal addressing the problem, including your past efforts in the problem area and capacity to expand those efforts.

We are forwarding a copy of CSA Instruction 6143-1, "Subject: Emergency Energy Conservation Program," dated July 23, 1975, for your information and guidance. Specific instructions concerning the program and your allocated share of funds will be forwarded as soon as a final decision is made on the total amount of funds to be received for South Carolina.

Should there be any questions concerning this memorandum, please contact me or Paul L. Ross, Project Director, as soon as possible.

JLS/R/dbs

Enclosure: CSA Instruction 6143-1